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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1. DECEDENT'S NAME (First, Middle, La ECHNU M/S	E 130	wen	FICATE OF		2. DATE OF D	DAY	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-70-2236	5. SEX 6. AG	E (In yrs. lest birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BI		EBIRTHPLACE (State or Foreign Country) Marylan	
CTOR	9a. FACILITY NAME (If not institution, gi	N.H.		96. CITY, TOWN	OR LOCATION OF D	EATH	Se. COUNTY OF E Baltin		
R	RESIDENCE OF DECEDENT  10e. STATE  10b. COU		10c. Cr	TY, TOWN OR LOCA	TION		10d. INSIDE CITY		
RAL DI	Maryland Ba.  100. STREET AND NUMBER  Maiden Choic			10	M. ZIP CODE 21228		1 0g. CITIZEN OF WHAT United St		
Y FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Spece	nn, Puerto Rican,	ocify Yes or No— 1	14. RACE — American Indian, Black, White, stc. Specify:	
ETED BY	3 Widowed 4 Divorced  15. DECEDENT'S E (Specify only highest gr	rade completed)	16a. DECEDENT'S (Give kind of life. Do NOT	B USUAL OCCUPATE work done during me	ON		OF BUSINESS/INDU	White	
BE COMPL	Elementary/Secondary (0-12)  6  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)		maker	18. MOTHER'S NA		omestic Malden Surname)		
	Walter 190. INFORMANT'S NAME (Type/Print)	Toeler			Anni	.e			
5	Theodore Gro		Del	vale A	ve. 132	9 Bali		21222	
	20e. METHOD OF DISPOSITION   Disposition   1		cob. PLACE AND DATE Cametery, crematory or Park	other place)	ame of	OATE	20c. LOCATION — CI	ity or Town, State	
		LIOCHOCK					24103	Linole, Ma.	
	21. SIGNATURE OF FUNERAL SERVICE  22. PART I. Effer the diseases.	Or complications that cous	sed the death, Do	22. NAME A W. D	Dundal	i/ Cho	jnacki Balto	F.H. P.A.	
	23. PART I. Efter the diseases,	or compligations that ceuse on List only one cause on a. EMA	sed the death, Do	W. D. 1005 not enter the mo	abrowsk	k Ave	jnacki Balto	F.H. P.A. Md.2122  at, Approximet interval Bet	
ATION	23. PART I. Effer the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition	aOUE TO (OR ALL)	sed the death. Do n each line.	22. NAME A W. D. 1005 not enter the mo	abrowsk Dundal	k Ave	ojnacki Balto or respiratory arre	F.H. P.A.	
ERTIFICATION	23. PART I. Effer the diseases, shock, or heart failu immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	aOUE TO (OR AS	sed the death. Do neach line.	22. NAME A W. D. 1005 not enter the mo	abrowsk Dundal	k Ave	ojnacki Balto or respiratory arre	F.H. P.A. Md. 2122  at, Approximet interval Bat	
EDICAL CERTIF	23. PART I. Effer the diseases, shock, or heart failure immediate cause. Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	sed the death. Do n each line.  HACUS S A CONSEQUENCE O	22. NAME A W. D. 1005 not enter the mo	abrowsk <u>Dundal</u> ode of dying, such	Part I. 24a.	ojnacki Balto or respiratory arre	F.H. P.A.  Md. 2122  st, Approximet interval Bet Onset and Interval	
AN: MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of the cause o	a	sed the death. Do n each line.  HACUS S A CONSEQUENCE O	22. NAME A W. D. 1005 not enter the mo	abrowsk  Diindal  pode of dying, suc  () () () () () () () () () () () () () (	Part I. 24e.	Ojnacki Balto Prespiratory arre	F.H. P.A.  Md. 2122  st, Approximet interval Bet Onset and interval	
AN: MEDICAL CERTIF	23. PART I. Enter the diseases, shock, or heart failured immediate cause. Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	a	sed the death, Do neach line.  A CONSCOUENCE OF S A CONSEQUENCE OF S A	22. NAME A W . D 1 0 0 5 not enter the mo	abrowsk <u>Dundal</u> ode of dying, such	Part I. 24e.	Ojnacki Balto Was an Autopsy Performed? Yes 2 1 40	F.H. P.A.  Md. 2122  st, Approximet interval Bet Onset and interval	
PHYSICIAN: MEDICAL CERTIF	23. PART I. Effer the diseases, shock, or heart failured immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a	sed the death. Do each line.  HACUS S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting  utpatient 3 □ DOA TY 28b. Till 28b. Til	22. NAME A W . D. 1 0 0 5 not enter the mo	abrowsk Diindal ode of dying, suc Oliviana g ceuse given in	Part I. 24a.  1   Cho   Land   Land	Ojnacki Balto Was an Autopsy Performed? Yes 2 1 40	F.H. P.A.  Md. 2122  st, Approximet interval Bet Onegt and I SAULES  24b. WERE AUTOPSY FINI AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO.	
AN: MEDICAL CERTIF	23. PART I. Effer the diseases, shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in the condition of the condit	DUE TO (OR AS  DUE TO	Bed the death. Do each line.  A CONSEQUENCE CO S A CONSEQUENCE CO S A CONSEQUENCE CO In but not resulting  utpatient 3 DOA IY 28b. THIN	22. NAME A W . D. 1 0 0 5 not enter the mo	abrowsk  Dlindal  ode of dying, suc  Dividuo  g ceuse given in  LACE OF DEATH (C)  THE S PRESIdence  JURY AT  ORK?  YES 2 \[ \] NO	Part I. 24a.  1 Other (Spe. 28d. DESCRIBE	WAS AN AUTOPSY PERFORMED? YES 2 Prio	F.H. P.A.  Md. 2122  st, Approximet interval Bet Oneyt and I SAULES  24b. WERE AUTOPSY FINI AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO.	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Karen Merritt M.D. 713 Maiden Choice Lane Balto., JAN 03 1994

Md.

FOR STATE REGISTRAR

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WEEDIN OF VITAL RECORDS, P.O. BOX 6876	N
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	1. DECEDENT'S NAME (First, Mary	Middle, Last)	Ann		Buckle	v				2. DATE OF MONTH Janua	DEATN	100	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	FD	5. SEX			_	0 4 7740	I IT I MIDTE				, 195		
	129-09-2976	cn	1 M 2 K F	84	s. last birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, De 03/31,	ev Year)	,	Country	PLACE (State or Foreign 1)
œ	9e. FACILITY NAME (If not in					9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT					EATN		
ECTO	Golden Oaks	Nursi	ng Home			L.	Laurel Prince G					eorges		
CC I	10e. STATE	10b. COUNT				ry, TOWN	OR LOCA	ATION						10d. INSIDE CITY LIMITS?
10	Maryland  100. STREET AND NUMBER	How	aru		La	urel 101. ZIP CODE					10a CITI		1 YES 2 XNO	
ERA	9260 Old Sca	aasvi	lle Rd.			20723				10g. CITIZEN OF WHAT COU				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 N Widowed 4 Divo	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE					— Americen Indian, White, etc.			
9	15, DEC	EDENT'S EDU		184		S USUAL OCCUPATION 18b, KIND OF BUSI				INESS/IND	USTRY	White		
COMPLET	Elamentary/Secondary (0	/ highest grade -12)	College (1-4 or 5	+)	life. Do NOT L	work done during most of working use retired.)								
MP	8 House					eepı								
8	17. FATHER'S NAME (First, Middle, Last) Mark McSweeney									ME (First, Midd Sugru		Surname)		
œ						ADDRES	S (Street			Route Number,		n, Stete, Zip	Code)	
임	Margaret M.	Luber	r		9260	old a	Scag	ggsvi:	lle	Rđ. L	aure	l, Mo	1. 2	20723
	20e, METHOD OF DISPOSIT	n 3 🗆 Ram	ovat from Stata	cametery	y, crematory or	other place;	ISPOSITION (Name of place)  DATE 20c. LOCATION — City or Town, Sta							
	4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FUNERA		TNSEE 2	Emma	anuel	Ceme:	Cemetery 1/4 Scaggsville, Md.					Md.		
	Donaldson Funeral Home P.A.													
- 2	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximately 1. Approximately 1													
CATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leeding to imme	one,	a. DUE TO	YOCA OR AS A COLOR OR AS A COLOR OR AS A COLOR OF A COLO	ARD NSEQUENCE ( NAY NSEQUENCE (	/AZ DF): ZY DF):	- K	1/A	IFI	ARC Y	77 0 DLS	NEA.	SE	Intarval Batwean Onset and Deeth
CERTIFICAT	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
- 11	PART il. Other significa	nt condition	s contributing to	deeth but n	not resulting	In the u	nderlying ceuse given in Pert I. 24a.			a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
4: MEDICAL		111	ABET	(E)						_   1	TYES 2			COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTILE		PLACE OF D	EATH (Ch	eck only one)				
YSICI	1 TES 2 NO		1 Inpatient 2			/		me 5 🗆 Re	seldence	6 Other (S	pecify)			
ВУ РН		Pending Investigation	28e. DATE OF	Day, Year)		JURY M	1 🗆	YURY AT YORK? YES 2	NO	28d. DESCRI	IBE HOW II	YJURY OCC	CURED	
ETED		Could not be datermined	28e. PLACE ( building	of INJURY — In the ott. (Specify)	At homa, ferm,	atreet, fed	etory, offi	ice		281. LOCATIO	ON (Street a lown, State)	ind Number	or Rural R	oute Number,
COMPLI	000)		ICIAN: To the best of											end manner ee stated.
TO BE	296. SIGNATURE AND TITLE	al	Varythe	no	UD			D.	ZY	194	2	<b>&gt;</b>	//	(Month, Dky, Year)
	30. MAME AND ADDRESS BY	YA	· COI	MPT	DN/	40	8-	317	Che	myL	n L	aur	e/ n	1020707
	JAN 0 3 19		James Sand	AR'S SIGNATUI	RE Latella					/				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00003 FOR 1 - STATE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las STEPHANIE	Α.		BUTT	9		AY YEA			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	JANUARY 2	1	12:25 A M		
	214-31-4607	1 🗆 M 2 😾 F	3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11/26/90	Ma	ryland		
Œ	90. FACILITY NAME (If not institution, given THE JOHNS HOPK)				ORE CITY		9c. COUNTY C	OF DEATN		
DIRECTOR	RESIDENCE OF DECEDENT									
IRE	10a. STATE 10b. COUN			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
AL D	MD Balt  100. STREET AND NUMBER	imore	Lan	sdowne	H. ZIP CODE		1 YES			
FUNERA	293 Hazel Avenue			2	1227		U.S.A			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 NO	If yes, s	CENDENT OF NISPA pecify Cuben, Mexic S 2 X NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fly:		IACE — American Indian, Black, White, atc. Specify: White		
E	15. OECEDENT'S EC (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S	USUAL OCCUPATI	CUPATION 16b. KIND OF BUSINESS/INDUSTRY					
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	out or worlding					
COMPL	17. FATNER'S NAME (First, Middle, Last)	0	none		Lan MOTHERIN M	none  AME (First, Middle, Meiden	0			
			Sample of the Control							
) BE								)		
5	Mr/Mrs Robert A.	Butts	293 Н	azel Av	enue, La	nsdowne, Ma	aryland	21227		
	20e METHOO OF DISPOSITION 1 Paurial 2 Cremetion 3 8	moval from State	Ob. PLACE AND DATE (	OF DISPOSITION (A	arne of	DATE 20c. LO	CATION — City of			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		emetery, cremetory or o leadowridg				sey, Ma			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY AMBROSE F.H. (2719 Hammonds Fy. Rd. Lansdown									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haert failure. List only one cause on each line.									
	immediate cause (Fine) disease or condition resulting in death)  a. MUITSYSTEM ORGAN FAMULE  DUE TO (OR AS A CONSEQUENCE OF):									
TION	Sequentially list conditions, if any, leading to immediate	b. AMILIAL OUE TO (OR A	ERYTHROP B A CONSEQUENCE OF		c SYNDR	OHE		34R.		
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS								
	PART II. Other significent conditi	ons contributing to death	ds contributing to death but not resulting in the underlying ceuse given in F				AUTOPSY T	24b. WERE AUTOPSY FINDINGS		
MEDICAL					PENFOI 1 S YES 2	MED?	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER?	HOSPITAL:	utantiant 2 DOA	OTHER:	LACE OF DEATH (C					
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	E OF 28c. IN	JURY AT ORK?	8 Other (Specify)  28d. DESCRIBE HOW	NJURY OCCURE	D		
D BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28a PLACE OF INJU	RY — At home, ferm, pecify)		YES 2 NO	281. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,		
LET	29a. CERTIFIER	SICIAN: To the best of my kn	Owdedge death occurs	ad at the time dat	e and place and du	a to the annuals) and an				
COMPLETED	anal .	NER: On the beals of examine						se(s) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIF	h ar	5 M	n	29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)		
5	30. NAME AND APPRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)						
	31. DATE FILED (Month, Day, Year)	32 REGISTRAB'S SI	GNATURE							
	JAN 0 3 1994	gula thevid	on Almbelle							

State of the Asset of the Control

	REGISTRAR		CERTIF	ICATE (	OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)	William Ker	nneth H	immelh	eber, Jr.	2. DATE OF DEATH ON MONTH	)1/01/94 <i>Q</i> V	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-62-6166	5. SEX 6. AGE (I	In yrs. lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	Con	HATYland
TOR	98. FACILITY NAME (If not institution, give as NOY HOULD HOSDI RESIDENCE OF DECEDENT	treet and number)		/1	dallston	ATH	9c. COUNTY OF	
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWH OR L				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e, STREET AND NUMBER	Baltimore			10f. ZIP CODE	nsville	10- 01717511.0	F WHAT COUNTRY?
FUNERAL	1306 N. Rollir				21:	228	US	SA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes	DECENDENT OF HISPAN s, specify Cuban, Maxica YES 2 NO Specify			ACE — American Indian, lack, Whita, atc. pecify: White
COMPLETED	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BUS	SINESS/INDUSTRY	
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done durin se retired.)	g most of working			
4	, (0.12)	2	Quality C	[orten]	Inspector	Electro	nics Ma	nufacturing
NO.	17. FATHER'S NAME (First, Middle, Lest)		quittey c	AILLOI -		ME (First, Middle, Meiden		naracearing
	William Ker	noth Wimm	albaba	~ C~				Contab
BE	19a. INFORMANT'S NAME (Type/Print)	шеси итши				orothy 1		
2		11 1				Poute Number, City or Tow		
	Dorothy M. Him	melheber	1306	N. R	olling Re			e, MD 21228
	20a. METHOD OF DISPOSITION 1 General 2 Comments 3 Removed Donation 5 General Other (Specify)	oval from State cem	etery, crematory or o	ther niecei		1/03 Ba		
	21. SIGNATURE OF PUNERAL SERVICE	ENSEE 7/1	ACCIO OI	22. NAM	E AND ADDRESS OF FA	CILITY	11 CIMOI	Le, MD
	sers	·		Cre	mation S	ociety of	E Md.	Inc.
	George E.	MacNabb						MD 21228
	23. PART I. Enter the diseases, proshock, prheart fellure. IMMEDIATE CAUSE (Final	complications that caused List only one cause on ea	ths death. DD ( ech iine.	not enter the	mode of dying, suc	h as cardiac or resp	iratory arrest,	Approximate Interval Between Onset and Death
		8. A cut	sulman	ary e	clama +	Shak		
						2 1		-
NO	Sequentially list conditions,	b. Certerer.  DUE TO (OR AS A	clerati	6 7	fear !	Jeseas		
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	Cenhon			ever =	hepatic ;	failure	
FE	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	PF):				
ERI	reaulting in death) LAST	d						
	PART ii. Other aignificent condition	a contributing to death b	ut not reaulting	In the under	lving ceuse given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOR	PMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
0						1 [] YES 2	NO	OF DEATH?
2						_<	1	1 YES 2 NO
ä								
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (Ch	eck only one)		
Sign	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp.	atlent 3 DOA	OTHER:	Home 5 - Residence	6 C Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. T/W	IE OF 280	. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
	1 Netural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK?			
BY	2 Accident Investigation	28e. PLACE OF INJURY	- At home form			281. LOCATION (Street	and Mumbas as Du	mi Davin Number
	3 Suicide a Could not be determined	building, etc. (Spec	ify)	aniout, lactory,	onice	City or Town, State)		al node Number,
ш	29a, CERTIFIER	Annual Control						
COMPLETED	(Check only	ICIAN: To the best of my knowl ER: On the basis of examination						se(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	R			29c. LICENSE NUI	MBER	29d, DATE SIGN	NED (Month, Day, Year)
BE	From H	not	in					
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH STEM OF COM	a. Print)				/01/94
	19 WALK	ER AUS	· Sin	te 3	302-	P. Karel	6-2	20 5

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the attent within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day,

JAN 0 3 1994

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

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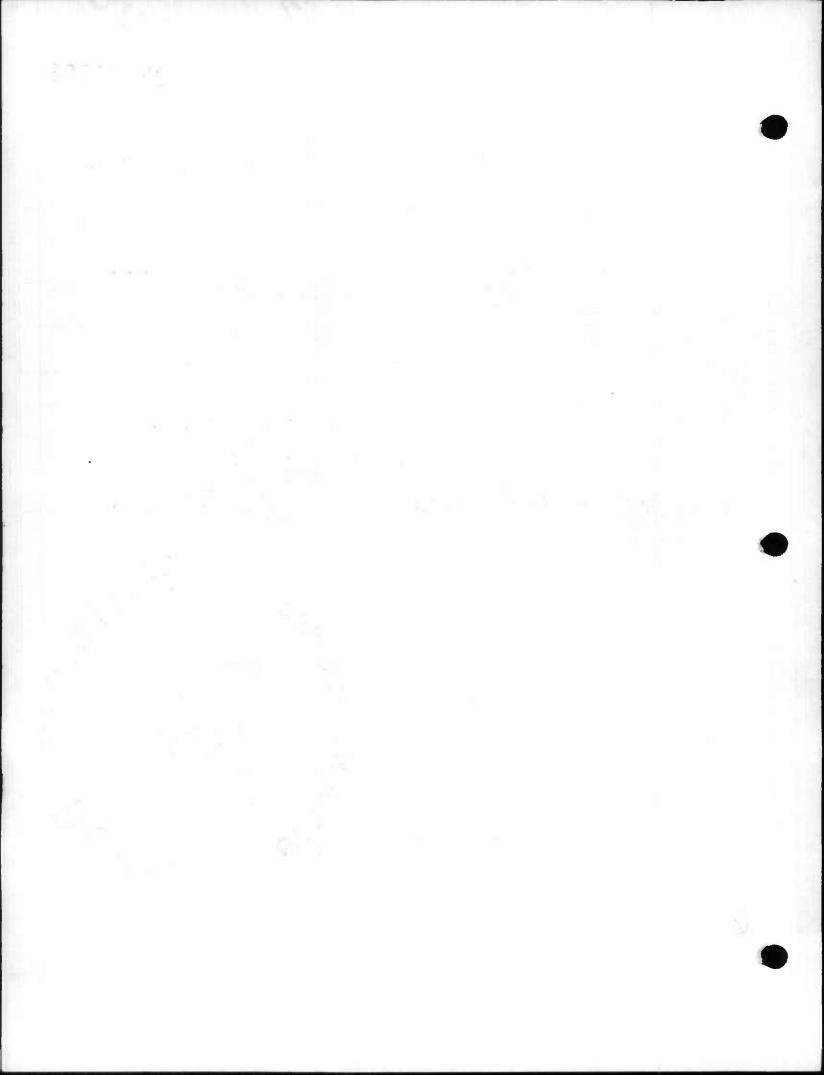
1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

	1. DECEDENT'S NAME (First, Middle, Last)  Elizabeth R. Hann								2.	2. DATE OF DEATH  Jan. 02, 1994  YEAR  3. TIME OF DEATH			
	4. SOCIAL SECURIT		5. SEX		s. lest birthday)	IF UNDER	R 1 YEAR	IF UNDER 24	rRS. 7.	DATE OF BIRTH		8. BIRTHPI	LACE (State or Foreign
	220-20-	0427	1 □ M 2 □XF	64	YRS.	MONTHS	DAYS	HOURS &	m. 0	2/14/29		Mary.	land
œ		(If not institution, give						OR LOCATION	OF DEATH		9c. COUN	TY OF DEA	ATH
5	JOSEPH RESIDENCE O	Richey Ho	ospice, l	nc.		BaT.	timo	re					
DIRECTOR	Md Md	Balt	imore		10c. CIT	ty, town or Location Baltimore							Od. INSIDE CITY LIMITS?  YES 2 \ HO
FUNERAL	100. STREET AND N 2818 II	linois Av	renue				101. ZIP CODE 21227				usa	AT COUNTRY?	
BY	11. MARITAL STATU  1 Never Married  3 Widowed 4	2 X Married		NT EVER IN U.S 1 YES 2 WAR OR DATES	NO	ARMED 13. WAS DECENDENT OF HISPANIC OF IT yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify:				ORIOIN? (Specify Y uerto Rican, etc.)		14. RACE Black,	- American Indian, White, etc.
LETED	(Sp	15. DECEDENT'S ED		164	DECEDENT'S	USUAL O	CCUPATIO	ON ost of working		16b. KIND OF B	USINESS/INDU	ISTRY	
J.E.	Elementary/Second 12	ondary (0-12)	College (1-4 or 5		ookeep					mfg.			
COMP	17. FATHER'S NAME	(First, Middle, Last)		Į D	ookeep	CL	-	16. MOTHER	'S NAME	First, Middle, Maide	n Sumama)	-	
BE C							A THE RESERVE AND A STATE OF THE PARTY OF TH		e Evely		r		
TO 8	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street												Maria Service
-		E. Hann							ie Ba	ltimore		Md	21227
	20a, METHOD OF D 1 💢 Burlal 2 🗆 0 4 🗆 Donation 5		CEANDDATE	Ter place	mete	ery			Brook1	yn P	ark, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITAMOTOSE Funeral Hot 1328 Sulphur Spring Road, Arbutus												
	ahoo IMMEDIATE CAU disease or cond resulting in deal	ition	a. Ca	O (OR AS A CO	BRE.	ASI				50			Approximata interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.												
	PART II. Other a	Ignificant condition	one contributing to	o death but n	ot resulting	in the ur	nderiyin	g cause give	n in Par	1 1. 24a, WAS A	N AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
: MEDICAL										PERFORMED?  1 YES 2 NO COMPL OF DEA			MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN:	25. WAS CASE REFE EXAMINER?	ERRED TO MEDICAL						LACE OF DEAT	H (Check	only one)		1	
YSIC	1   YES 2		HOSPITAL:	☐ ER/Outpatier	nt 3 🗆 DOA	OTHE1		ne 5 🗆 Rasid	ence 6 6	Other (Specify)	thos	0160	
PH	27. MANNER OF DE	ATH 5 Pending	28a. DATE D (Month,	F INJURY Day, Year)	25b. TIR	ME OF JURY	WC	JURY AT ORK?		d. DESCRIBE HOW	INJURY OCC	URED	
D BY	2 Accident 3 Sulcide	Investigation  6 Could not be	26a. PLACE	OF INJURY — A	At home, farm,	street, fec		YES 2 N		LOCATION (Street	t and Number o	or Rural Ros	ute Number,
ETE	4 Homicide	determined		, and (openin)						City or Town, Stat	6)		
COMPLE	anal .	CERTIFYING PHY											and manner se stated.
ш	29b. SIGNATURE AN	P SITLE OF CENTIFI	EN ///	-	- 0	170		29c. LICENS	E NUMBE	1	29d, DATE	SIGNED (	Month, Day, Year)
TO B	14	unal 1	1. KA	ugls,	(MAN)			002	290		1/	3/9	4
-	30. NAME AND ADD	RESS OF PERSON W	HO COMPLETED CA	USE OF DEATH	(ITEM 27) (Type	e, Print)		760		20			
	31. DATE FILED (Mor		32, RI BISTR	IARIS SIGNATUI	RE					-			
	Ι Δ1	V A 2 100	1 9we	/ THE LAND	- Blenda	7_							

DHMH-15 Rav 1/89

	1. DECEDENT'S NAME (First, Middle, Les	Herror	CERTIFIC		2. DATE MONT	OF DEATH	Y 0	YEAR J	
, j	4. SOCIAL SECURITY NUMBER 215-01-7754		E (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HR	(040-	OF BIRTH		BIRTHPLACE (Stein Country)	
TOR	90. SACILITY NAME (II not institution, give a second secon	e street and number) Un Core	CHR	CATONS VI	DEATH		9c. COUNT	OF DEATH WHY	
DIRECTOR	Md 106. COU	NTY	10c. CITY,	TOWN OR LOCATION Baltimore				10d. INSIDI LIMITS 1 YES	
FUNERAL	1406 Rosecroft	Terrace		101. ZIP CODE 21229				EN OF WHAT COUNT $S.A.$	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO Sp	xican, Puerto	N7 (Specify Yes Rican, etc.)	or No— 1	4. RACE — America Black, White, etc. Specify: White	
PLETED	15. DECEDENT'S E (Specify only highest gra- Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use in Cles	rk done during most of working retired.)	161	Sal			
BE COMP	17. FATHER'S NAME (First, Middle, Last) James O. Hines				Middle, Maiden naghan	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print)  Joseph Herron	The first the following of the first to the							
	20a. METHOD OF OISPOSITION 110 Burlat 2 Cremation 3 Re 4 Donation 5 Other (Specify)		0b. PLACE AND DATE OF						
	23. PART i. Enter the diseases, or shock, or heart failur	or complications that ceus	ed the deeth. Do not each line.	Sterling Ash 736 Edmondso	n Ave	nue, Ba	alto,	it, Appr	
TIFICATION	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS	ed the deeth. Do not	1736 Edmondson tenter the mode of dying, which was the mode of dying and th	nton F	nue, Ba	alto,	Appr	
DICAL CERTIFICATION	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS DUE TO (OR AS d.	ed the deeth. Do not each line.  A CONSEQUENCE OF:  A CONSEQUENCE OF:	1736 Edmondson t enter the mode of dying, the My	aton Fon Ave	nue, Ba	AUTOPSY IMED?	24b. WERE AUTO	
MEDICAL C	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	ed the deeth. Do not each line.  ALL LILL B A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	t enter the mode of dying, the underlying cause given 28. PLACE OF DEATH OTHER:	fron Fon Ave	nue, Badiac or respiration of the control of the co	AUTOPSY IMED?	24b. WERE AUTO AMAILABLE I COMPLETIO	
PHYSICIAN: MEDICAL C	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Neturat 5 Pending	DUE TO (OR AS	ed the deeth. Do not each line.  A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  but not resulting in	t enter the mode of dying, the state of the mode of the state of the sta	in Part I.	nue, Badiac or respiration of the control of the co	AUTOPSY MED?	24b. WERE AUTO AMARLABLE I COMPLETIO OF DEATH?  1 YES	
ED BY PHYSICIAN: MEDICAL C	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	DUE TO (OR AS	ed the deeth. Do not each line.  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  Appatient 3 DOA 4  Y 28b. TIME (1)  AT A Thome, farm, store	t enter the mode of dying, the underlying cause given the underlying cause given to the underlying to the underlying cause given to the underlying cause giv	in Part I.  (Check only o	ALLAC  AL	AUTOPSY MED?	24b. WERE AUTO AMALABLE: COMPLETIO OF DEATH? 1 YES	
ETED BY PHYSICIAN: MEDICAL C	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR A	ed the deeth. Do not each line.  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  Apparent 3 DOA 4  Y 28b. TIME (NJUF  RY — At home, farm, streedly)	t enter the mode of dying, the underlying cause given the underlying cause given to the underlying to the underlying cause given to the underlying cause giv	in Part I.  (Check only o	Due, Badiac or respiration of the control of the co	AUTOPSY IMED? NO NJURY OCCU	24b. WERE AUTO ARALABLE I COMPALETIO OF DEATH? 1  YES	
ED BY PHYSICIAN: MEDICAL C	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS	ed the deeth. Do not each line.  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  Apparent 3 DOA 4  Y 28b. TIME (NJUF  RY — At home, farm, streedly)	t enter the mode of dying, in the underlying cause given 26. PLACE OF DEATH OF HER:  Nursing Home 5   Residen OF 28c. INJURY AT WORK?  1   YES 2   NO eet, tactory, office	in Part I.  (Check only o ce 6 Other 28t. Loc City)  due to the catthe time, date	Due, Badiac or respiration of the control of the co	AUTOPSY MED7 NO NJURY OCCU	24b. WERE AUT AMRIABLE COMPLETI OF DEATH 1  YES	



BOX 68760

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DIVISION OF VITAL

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) WARREN RUCKER JOYCE, SR. 2. DATE OF DEATH 3. TIME OF DEATH YEAR WARREN 11:30 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year MONTHS DAYS HOURS 224-34-9978 1 €M 2 □ F APRIL 1930 VIRGINIA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give str. A AGNES HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE RESIDENCE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND YES 2 NO BALTIMORE permit. 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2313 WASHINGTON BOULEVARD for use as the burial-transit 21230 U.S.A hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TYES 2 TONO Specify: Specify: BY 3 Wildowed 4 Divorced WHITE COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 7TH GRADE completely filled in by the funeral director, page 5 should be detached SUPERVISOR FURNITURE COMPANY 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ours after death. Page 6 may be retained by the ह WALFORD JOYCE MATTIE WADE Lucy Mattie Wray BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 WARREN JOYCE, JR. 2313 WASHINGTON BLVD., BALTIMORE, MD. 21230 9 20s. METHOD OF DISPOSITION

| Burlel 2 | Cremation 3 | Removal from State
4 | Donation 8 | 9ther (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must cometery, crematory or other place)
MEADOWRIDGE MEMORIAL PARK 11/5 ELKRIDGE 21. SIGNATURE OF JUNERAL SERVICE LICENSEI examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Finel Onset and Dasth the cremation disesse or condition resulting in death) Con OUE TO (OR AS A CONSEQUENCE OF): < 2 MONTHS event, executed with to burial, PACHALINA DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION mending physician and Sequentially list conditions. If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury uth certificate be prior other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO has b. Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be determined DIRECTOR: A COMPLETED 4 Homicide 28 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. HOSPITAL FUNERAL within 72 I TO THE HOSPITA
TO THE FUNERA
De filed within 72 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B 30. NAME AND ADDRESS OF PERSON WHO/COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9 900 TIMOR 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE

in Divident Re

DHMH-18 Rev 1/89

	217-12-3203		(in yrs. last birthday)	MONTHS DA		7. DATE OF B (Month, Day	Year) /	8. BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give St. Agnes Hos	street and number)		9b. CITY, TO	WN OR LOCATION OF DE Baltimos	EATH		TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Md	ry .	10c. Cl	TY, TOWN OR L		im <b>o</b> re		10d. INSIDE CITY LIMITS? 347XYES 2 NO
FUNERAL DIRE	100. STREET AND NUMBER 337 Gwynn Ar	/e			101. ZIP CODE 21229	9		ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? XX YES	2 NO	If yes	DECENDENT OF HISPAI I, epecify Cuban, Maxica YES XIX NO Specif	in, Puerto Rican		14. RACE — American Indian, Black, White, etc. Specify: Black
once. COMPLETED	15, DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION g most of working		orge J.	Falter's
m a	17. FATHER'S NAME (First, Middle, Last)	Jones			Kat	ie Jon		
10 meth	19a. INFORMANT'S NAME (Type/Print)  Brenda P. C	Jones	196. MAILIN		eet and Number or Rural  Ave Bal			2.1229
must be	20a. METHOD OF DISPOSITION  120 Zeuriel 2 Cremation 3 Rer  4 Donation 6 Other (Specify)	noval from Stata can	PLACE AND DATE	OF DISPOSITIO	N (Neme of	1-6	20c. LOCATION C	ore, Md
u, cremation, or removal.	23. PART I. Enter the diseases, or should, or heart failure immediate CAUSE (Final disease or condition resulting in death)	complications that cause chief List only one cause on e	each line.	not enter the		h aa cardiec	or reapiratory arre	Approximate interval Betwee Onset and Date
(0)	_	a COLON	CANC	FR.				
or other	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE (	OF):				6 yrs
of Health and Mental Hygiene p hows any injury, or other MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A	A CONSEQUENCE (	OF): OF):	iying ceuse given in		WAS AN AUTOPSY PERFORMED? ] YES 2 □ AÑO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO
te Dept. of Health and Mental Hygiene p m 23 shows any Injury, or other SIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dna contributing to death b	A CONSEQUENCE (	OF): In the under	8. PLACE OF DEATH (Ch	1 [	PERFORMED?  ] YES 2 [] MO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
with the State Dept. of Health and Mental Hygiene p ked, or Item 23 shows any Injury, or other PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	c.  DUE TO (OR AS A  d.  na contributing to deeth b	A CONSEQUENCE (	OTHER: 4   Nursing MUNTY   28c		eck only one)  6 Other (Spi	PERFORMED?  ] YES 2 [] MO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO
fler death with the State Dept. of Heath and Mental Hygiene p. 8 is marked, or Item 23 shows any injury, or other ED BY PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	d	Dut not resulting	OTHER: 4 Nursing ME OF JURY 1	8. PLACE OF DEATH (Ch Homa 6 Residence INJURY AT WORK7	1 Ceck only one) 6 Other (Spi 28d. DE\$CRIB	PERFORMED?  YES 2 TATO  Holly)  E HOW INJURY OCC	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1  YES 2 NO
by death with the State Dept. of Health and Mental Hygiene p Is marked, or Item 23 shows any Injury, or other D BY PHYSICIAN: MEDICAL CERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation  2 Accident:  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS A  d	patient 3 DOA 28b. Til IN	OTHER: 4 Nursing ME OFF Street, factory,	8. PLACE OF DEATH (Ch Homa 6   Residence INJURY AT WORK?   YES 2   NO office	1 Coeck only one) 6 Other (Spi 2ed. DESCRIB 2ef. LOCATION City or Tow	PERFORMED?  YES 2 ( ) ANO  Inclify)  If HOW INJURY OCC  Incline ( ) ( Street and Number of the company of the c	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO

i Sanden-Rudall

32. REGISTRAR'S SIGNATURE

HOSPITA

Jones

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

BAMETHI

JAN 03 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2

ames

94 00008

YEAR 94

Approximata Interval Betwe **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE

BALTIMOR

3. TIME OF DEATH

1900

2. DATE OF DEATH MONTH DAY

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**DHMH-16 Rev 1/89** 

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4	The
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
NOISI	ATTENDING
5	OB
-	SPITAL

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death. Page 6 may be retained by the hospital or attending physician.

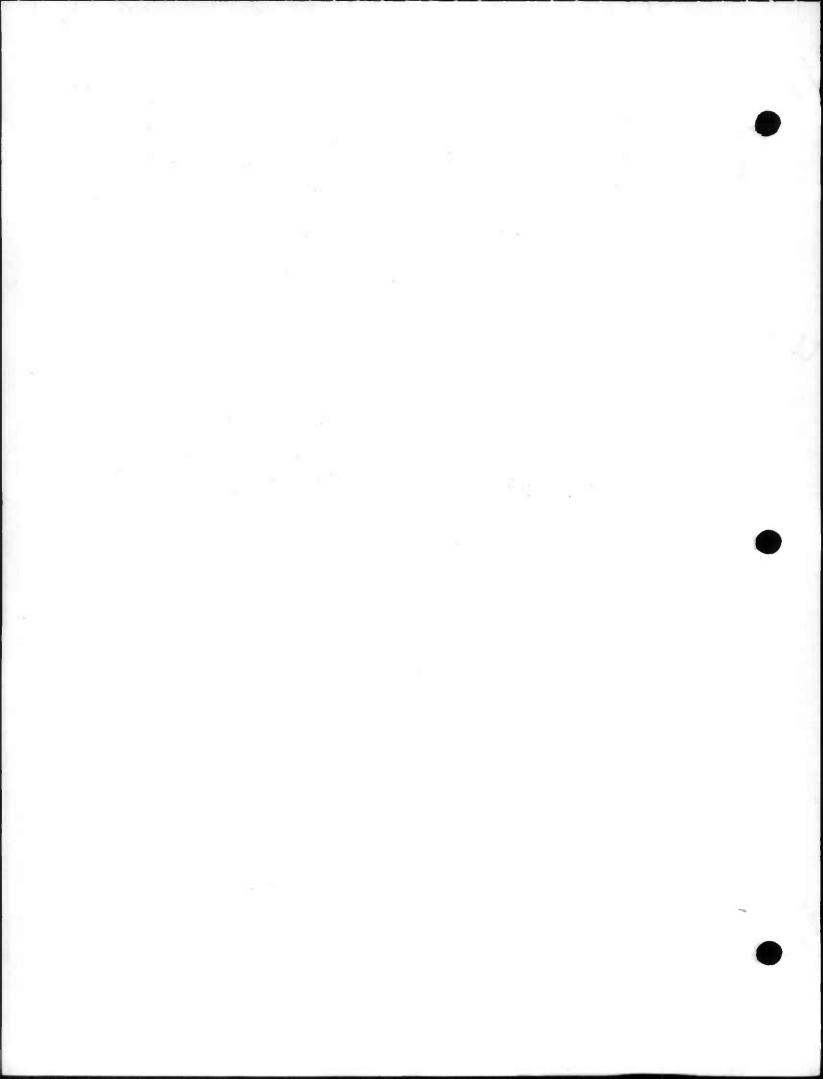
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	DECEDENT'S NAME (First, Middle, Last)     SOCIAL SECURITY NUMBER	LEROY	JACK	(SON, SK	2. DATE OF DEATH	7 92	3. TIME OF DEATH					
	2/3-05-0886  9e. FACILITY NAME (If not institution, give str	1)⊠M2□F 8	73 YRS. MON	NDER 1 YEAR IF UNDER 24 HR THE DAYS HOURS MIN	(Month, Day, Year)	_	BIRTHPLACE (State or Foreign Country)  OF DEATH					
DIRECTOR	LIBERTY MEDINE	hour Cen	ter	Balto								
	10a. STATE Md 10b. COUNTY		Bal			10d. INSIDE CT LIMITS? 1 XYES 2						
FUNERAL	3705 Grant			101. ZIP CODE 2/2/	5	10g. CITIZEN OF WHAT COUNTRY?						
B	11. MARITAL STATUS 1  Never Married 2  Married 3  Vidowed 4 Divorced	IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me: 1 YES 2 NO Sp								
APLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	lone during most of working	A STATE OF THE PARTY OF THE PAR	vsiness/indus	ucking Co.					
BE COMP	17. FATHER'S NAME (First, Middle, Last) Leonard  19a. INFORMANT'S NAME (Type/Print)	ckson	Tab MAH ING ADD	Suz	NAME (First, Middle, Maide	ande	VS					
TO BE	heroy Tackso	n Jr	3705	RESS (Street and Number or Au Grantley	Rd Bo	e Ho Hed	1 21215					
	1 Suriel 2 Cremetion 3 Remo	val from State ceme	PLACE AND DATE OF DIS Iterax crematory or other p	y Park	1/4/94 RC	endal	Stown, Med					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F. H. West  43.00 Wabash Are											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF:	ria ailure			Onset and Das					
EDICAL	PART II. Other algnificant conditions	a contributing to deeth bu	it not resulting in th	e underlying cause given	In Part I. 24a. WAS A PERFO	N AUTOPSY DRMED? 2 \( \text{NO} \)	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO					
IAN: N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)							
D BY PHYSICIAN:	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	HOSPITAL: 1 Inpatient 2 ER/Outpe 26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	HER:   Nursing Home 5   Residen   28c. INJURY AT WORK?   1   YES 2   NO								
I W II	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Special	— At home, farm, street			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET		ZAN: To the best of my knowled: On the bests of axemination					ause(s) and manner as stated.					
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	Hashma		29c. LICENSE	6 48	29d. DATE 3	IGNED (Month, Day, Year)					
0	30 NAME AND ADDRESS OF BEREAL WILL	COMOLETED CALLED OF	THE STEM OF ST	UNI	~		1-19					
ТО	30. NAME AND ADDRESS OF PERSON WHO SHER A TO 31. DATE FILED (Month, Day, 16ar)	COMPLETED CAUSE OF DEA	2600 6	LBERTY K	EIGHTS	tre	21215					

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw manuser IF Implicate be executed within = hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has seem as an one physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit, Pages 1, 2, 3 should	n, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
O. BOX 68760	certificate be executed within.	inding physician and completely 1	Hygiene prior to burial, crematio	ir other traumatic event, th	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw months IR I'm bea	TO THE FUNERAL DIRECTOR: After this certificate has been a sent in the second	be filed within 72 hours after death with the State Dept or Head of the Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, a	

	1 - STATE REGISTRAR	STATE OF M		/ DEPAR					IENT/	REG. NO.	0 1	0.0	0.10
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH	7.4		TIME OF DEATH
	JUZEFA KRYSIAK								JAI		19	94 3	3:05 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH th, Day, Year)		-	ACE (State or Foreign
	018-26-9363	1 M 2 X F	100	YRS.	MONTHS	DAYS	HOURS	MIN.		r.23.18	393		UANIA
_	9a. FACILITY NAME (If not institution, give stre		- >		9b. CITY	, TOWN C	R LOCATI	ON OF DEA			9c. COUNT		
DIRECTOR	ST. MARTINS HOME	(LSC	)P)			BALT	IMOR	E			BAL	TIMO	RE
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			t0c, CIT	r, TOWN C	OR LOCAT	ION					10	d. INSIDE CITY
E	MARYLAND	BALTIMO	)RE			. 11	'IMOR	·F					LIMITS?
	10e. STREET AND NUMBER	DIABILITY	) ICL				ZIP CODI				10g. CITIZE		T COUNTRY?
FUNERAL	1080 DOWNTON ROAD						212	27				HUAN	
5		12. WAS DECEOENT	EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPANIC	C ORIGI	IN? (Specify Yea		I. RACE -	American Indian.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATES	КПио				n, Maxican, Specify:	, Puarto	Rican, atc.)			/hita, atc. VHITE
	**								_				VHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)		Give kind of v life. Do NOT us	rork done			ng	16	b. KIND OF BUS	INESS/INDU	STRY	
2	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+	·	HOMEM					- 1	•	HOMEM	AKTNO	2
NO.	17. FATHER'S NAME (First, Middle, Last)			HOFIER	HILLI		18 MOTI	HER'S NAM	E /Elect	Middle, Maiden		MILIN	3
E C	UNKNOWN						10. MO11	UNKN			Surrierre)		
8	19a. INFORMANT'S NAME (Type/Print)			19b, MAILING	ADDRESS	S (Street a	nd Number			nber, City or Town	n, State, Zip C	ode)	
2	MARIA PRANCKONIS		j							RENCEVI			08648
	20a. METHOD OF DISPOSITION 1 D/Burlal 2 Cremation 3 Remov	and day a Chart		CE AND DATE (					DA	TE 20c. LO	CATION — CI	ly or Town,	State
1	4 Donation 5 Other (Specify)	rai from Stata	NEW	CATHE	DERA	L CE	METE	RY	1/4	4 BAL	TIMOR	E	
	21. SIGNATURE OF FUNERAL SERVICE LICE	1911			22. HII	NAME AN	D FI	SS OF FACI	LITY	OM E IN	IC.		
- 1	M. Meas	Colas	nan									, MD	. 21229
	23. PART I. Entar the diseases, or co shock, or heart fallure. Li	emplications that	caused tha	desth. Do r	ot antar	the mo	da of dy	ing, such	SS CA	rdiec or reapli	ratory erres	it,	Approximata
	IMMEDIATE CAUSE (Final	D. 15	" A	4 ~ A	A 1 /								Interval Betwean Onset and Death
	disease or condition resulting in death)	TNE	UN	10/1	1/4	•							
		DUE TO	OR AS A CON	SEQUENCE OF	7:/ <	- 1	1						
NO N	Sequantially list conditions, b.	Lade to	OR AS A CON	T /	/ /	1/	4						
TA:	If sny, leading to immediate cause. Enter UNDERLYING	502 10 (	On A3 A CON	SECOLINCE OF	·								
띮	CAUSE (Disease or Injury that initiated avents	DUE TO (	OR AS A CON	SEQUENCE OF	7):								
CERTIFICATION	resulting in death) LAST												!
	PART II. Other significant conditions	contributing to	death but no	et requiting i	n the un	dodulad		dues la D	land I	T una	41500001	T	1
PHYSICIAN: MEDICAL	HIDEP	TEN	810	11	ii tiia tiii	derrying	cause (	givan in P	art I.	24a. WAS AN PERFOR	MED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE
	11/10/	1.0	70						_	1 TYES 2	NO	OF	DEATH?
Σ.									_			1 1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Chec	k only o	(ne)			
Sic		HOSPITAL:	ER/Outpetlent	3 🗆 DOA	OTHER 4 M Nur	₹:		aldenca 8					
H	27. MANNER OF DEATH	28a. DATE OF	NJURY	28b. TIM	OF	28c. INJ	URY AT			SCRIBE HOW II	JURY OCCU	RED	
ВУ Р	1 Natural 5 Pending	(Month, Da	y. 19 <i>ar)</i>	INJ	URY M		RK? 'ES 2 [	ON [					i
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At	home, farm, a	treat, fact	ory, office			28f. LO	CATION (Street e	nd Number or	Rural Rout	e Number,
E	4 Homicide datarmined	bollong,	ite. (Specify)						City	or Town, State)			
COMPLETED	29a. CERTIFIER (Check only	AN: To the beat of	ny knowledge,	death occurre	d at the t	lme, deta	and placa	, and due to	o the ca	use(a) and man	ner sa stated		
MO	one) 2 MEDICAL EXAMINER												nd manner as stated.
ш	29b. SIGNATURE AND TITLE OF/CERTIFIER			. 1.	Λ			ENSE NUMB					onth, Day, Year)
0	/saxa	ral		- M	0		0	21.	64	9	<b>)</b> / •	-3-	94
2	30. NAME AND ADDRESS OF PERSON WHO								- (		,		, ,
	DR. SAMBANDAN BAS					ENUI	E – E	BALTI	MOR	E, MD.	21229		
	31. DATE FILED (Month, Day, Yeer)	22. REGISTRA	Senden	- Roulas	A.								



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN	911	00011
		1. DECEDENT'S NAME (First, Middle, Last) FLorence E. K	anatzen				2. DATE OF OEATN MONTH D	MY YEA	3. TIME OF DEATN
		4. SOCIAL SECURITY NUMBER 2/7-09-4457A	5. SEX 8. AGE (		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign
should		9e. FACILITY NAME (If not institution, give s			b. CITY, TOWN	OR LOCATION OF DI	8-30-79	9 4 9c. COUNTY C	ManuLand DE DEATH
1, 2, 3 &	СТОВ	2403 Hemlock A	ve.21214		Balt	imor		Bal	timore
permit, Pages	DIRE	Md. Bal	timone		town on local				10d. INSIDE CITY LIMITS?  XX YES 2 NO
***	IERAL	100. STREET AND NUMBER  2403 Hemlock	Ave.		10	2/2/4		U.S	of what country? . A .
215-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Note: Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	20 INO	If yes, sp		NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:	.6	RACE — American Indien, Black, White, etc. Specify: White
	E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S US	k done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	TY .
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemo			Ho	ome	
\$ 6 5 Z	I III	17. FATHER'S NAME (First, Middle, Linst) Charles Frick					ME (First, Middle, Maiden Enine Sie		
Z 5 5 5		190. INFORMANT'S NAME (Type/Print)  Mr. David R.	Kanatzen			and Number or Rural	Route Number, City or Tow	vn, State, Zip Code	)
BALTIMORE, ser death. Page 6 may be the funeral director, page wal.		20e. METNOD OF DISPOSITION  ***PC Burlet 2	20b.	PLACE AND DATE OF Pery, crematory or other	DISPOSITION (N			OCATION — City of	
BALTIMORE after death. Page 6 may by the funeral director, pa moval.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	T W K FEW O O C	22. NAME A	ND ADDRESS OF FA	CILITY		to.,Md
BA safter desiremoval.		January	albe		7527	Hanton	Len Fune ad Rd. Ba	ilto.	nd. 21234
tely filled in the matter, or res		23. PART I. Enter the disease, or o shock, or heert feliure.  IMMEDIATE CAUSE (Fine disease or condition reaulting in deeth)	Liat only one cause on ea	ich line.		Fa. L. w		iratory errest,	Approximate interval Betwee Onset and Deat
executed within and completely o burial, crema			DUE TO (OR AS A	CONSEQUENCE OF):					
e be sician arior traur	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):		·			
P.O. B th certificate anding phys Hygiene p	RTIFIC	CAUSE (Disease or injury thet initiated events reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
S, deat deather after demand	E	PART II. Other significant condition	s contributing to deeth be	ut not resulting in	the underlyin	a cause given in	Part i. 24a. WAS AN	Alimpey	24b. WERE AUTOPSY FINDINGS
MECORD  w requires that the been signed by th tt, of Health and M shows any Ini	MEDIC					9 00000 9.001111	PERFO	RMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AL F he law has be bept.	\frac{7}{2}	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)		
F VITA SICIAN: The certificate ha the State D	SIC	EXAMINER?	HOSPITAL: 1   inpatient 2   ER/Outp		THER:	10	8 Other (Specify)		
O SH sight		27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	TY WO	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mai		2 Accident Investigation 3 Suicida 8 Could not be 4 Nomicide datermined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, str	eet, factory, offic		28f. LOCATION (Street City or Town, State	end Number or Ru )	iral Route Number,
DOR DIRECTOR	١٣١	and .	CIAN: To the best of my knowl						·
HOSPITAL FUNERAL within 72	00	2 MEDICAL EXAMINE	R: On the beele of examination	end/or investigation,	In my opinion, o				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	BE O	296. SIGNATURE AND TITLE OF CERTIFIER	7 ms			29c. LICENSE NUI	. (	29d. DATE SIG	NED (Month, Day, Year)
FFA	임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	rint)			1 /.	

31. DATE FILED (Month, Day, Year)

JAN 03 1994

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68

WIL CHARLES - M. D.
31. DATE FILED (MONTH), Day, Year)
JAN 0 3 1994

	1. DECEDENT'S NAME	E (First, Middle, Last)			MF	CRRITT			2. DAT	E OF DEATH	DAY 94	YEAR	:30 PM
	4. SOCIAL SECURITY 216-28-3	NUMBER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1 Y	EAR IF U	IDER 24 HRS	7 DAT	E OE BIRTH		9. BIRTHPL. Country)	ACE (State or For
	9a. FACILITY NAME (I				YRS.	9b. CITY, TO				il 15		Virg	
Œ	NORTH ARU			SOCT AT	TON		BURN		DEATH			TY OF DEAT	
CTC	RESIDENCE OF	DECEDENT		SOCIAL				(TE			Α.	20 5 5	DUNTY
DIRECTOR	Md.		Arundel	Co.		lenton	OCATION						d. INSIDE CITY LIMITS? X
FUNERAL	528 Bru						101. ZIP C	211	13		10g. CITIZ	EN OF WHA	A COUNTRY?
BY	11. MARITAL STATUS  1 Never Married  3 Widowed 4			T EVER IN U.S. YES 2 MAR OR DATES		If ye	DECENDEN s, specify C YES 2 X	uben, Mex	can, Puerte	iN? (Specify of Ricer, etc.)	Yes or No—	Black, W	American India Vhite, atc. hite
COMPLETED		5. DECEDENT'S EDU cify only highest grade dary (0-12)			(Give kind of life. Do NOT u	work done during retired.) Service	ng most of w	orking			Co. Sch		- 1
	17. FATHER'S NAME (F	First, Middle, Lest)	Marsh	all			10. N	OTHER'S	NAME (First	, Middle, Meid	ae Sumame) Jnknowi	n	
TO BE	190. INFORMANT'S NA P. Marie	AME (Type/Print) Kerns	7.13		106. MAILING 528	Bruce	Ave.	oder Öder	floute Nu	Mary.	Land 2	1113	
	20e, METHOD OF DISC	POSITION			CEANDDATE	OF DISPOSITIO	N (Neme of				LOCATION — C		, State
	4 Donation 6	Other (Specify)	IOVAII ITOM SUUL	Cemetery,	ro Cre	ematory	7			Ba	altimor	re Md	
	21, SIGNATURE OF FU	the dispases, or	leff (	et coused the	death. Do	Haro	desty	Fune	eral	Home	ambril'	le Md	21054   Approxima
	21, SIGNATURE OF FU	the diseases, or , or heart fallure. E (Final	complications the	et coused the	death. Do	Hard	desty	Fune	eral	Home	ambril	le Md	21054
TIFICATION	23. PART I. Enter shock, IMMEDIATE CAUS disease or conditi resulting in daeth)  Sequentially list or if any, leading to I cause. Enter UNDI CAUSE (Disease of that initiated even that initiated even	the diseases, or, or beart failure.  E (Final lon )  conditions, immediate ERLYING or injury its	complications the List only one can out to	ot ceused the	death. Do	22. NAM Haro	desty	Fune	eral	Home Rd G: rdiac or rea	ambril	le Md	21054 Approxima
CERTIFICATION	23. PART I. Enter of shock, IMMEDIATE CAUSt disease or condition resulting in death)  Sequentially list or if any, leading to include cause. Enter UNDI CAUSE (Disease of that inlitted even resulting in death)	the dispesse, or, or heart failure.  E (Final ion )  conditions, immediate ERLYING or injury its	DUE TO	OR AS A CON	death. DD lina. GEOUENCE O	22. NAM Hard not enter the	ME AND ADDI NESTY 1851 And mode of	Fune	eral Olis Juch as ca	Home Rd G: rdlac or rea	ambril	le Md	21054 Approxima
MEDICAL C	23. PART I. Enter shock, IMMEDIATE CAUS disease or conditi resulting in daeth)  Sequentially list or if any, leading to I cause. Enter UNDI CAUSE (Disease of that initiated even that initiated even	the dispesse, or, or heart failure.  E (Final ion )  conditions, immediate ERLYING or injury its	DUE TO	OR AS A CON	death. DD lina. GEOUENCE O	22. NAM Hard not enter the	ME AND ADDI NESTY 1851 And mode of	Fune	eral Olis Juch as ca	Home Rd G: rdiac or rea	ambril	24b. W.A.A.C.C.DF	21054 Approximi interval Bi Onset and  ERE AUTOPSY FIRE A
MEDICAL C	23. PART I. Enter of shock, IMMEDIATE CAUSt disease or condition resulting in death)  Sequentially list or if any, leading to include cause. Enter UNDI CAUSE (Disease of that inlitted even resulting in death)	the diseases, or, or heart failure.  E (Final lon )  conditions, immediate ERLYING or injury its ) LAST	DUE TO	OR AS A CON	death. DD lina. GEOUENCE O	22. NAM Hard not enter the	ME AND ADDITION OF THE PROPERTY OF THE PROPERT	Fune dying, a	eral olis uch as ca	Home Rd. G: rdiac or rea  24a. WAS PERF 1   YES	ambril apiratory arre	24b. W.A.A.C.C.DF	21054 Approximi interval Bi Onset and  ERE AUTOPSY FIRE A
MEDICAL C	23. PART I. Enter shock, IMMEDIATE CAUSI disease or conditi resulting in daeth)  Sequentially list or if amy, leading to it cause. Enter UNDI CAUSE (Disease or that initiated even resulting in daeth)  PART II. Other aig	the diseases, or, or heart failure.  E (Final lon )  conditions, immediate ERLYING or injury its ) LAST	DUE TO	OR AS A CON	death. Do	22. NAM Hard not enter the	ME AND ADDRESS TO SEE AND ADDRESS TO SEE AND ADDRESS TO SEE ADDRESS TO SEE AND ADDRESS TO	Fune dying, a	eral Olis uch as ca	Home Rd G: rdlac or rea  24a. WAS. PERF 1 YES	ambril apiratory arre	24b. W.A.A.C.C.DF	21054 Approxima interval Ba Onset and Onset an
PHYSICIAN: MEDICAL C	23. PART I. Enter shock, IMMEDIATE CAUSI disease or conditi resulting in death)  Sequentially list of any, leading to I cause. Enter UNDI CAUSE (Disease or that Initiated even resulting in death)  PART II. Other alg  25. WAS CASE REFERE EXAMINER?  1  YES 2 NANNER OF DEAT	the dispesse, or, or heart failure.  E (Final ion )  conditions, immediate ERLYING or injury its ) LAST  RED TO MEDICAL TO HE S Pending	DUE TO d	OR AS A CON	death. DD lina.  ISEQUENCE OF SEQUENCE OF	OTHER:	ME AND ADDRESS TO SEE AND ADDRESS TO SEE AND ADDRESS TO SEE ADDRESS TO SEE AND ADDRESS TO	Fune dying, and dying,	eral Olis uch as ca In Part I. Check only	Home Rd G: rdlac or rea  24a. WAS. PERF 1 YES	ambril apiratory arre	24b. Wid	21054 Approximinterval B Onset and Onset and ERE AUTOPSY FI RILABLE PRIOR OF C F DEATH?
ED BY PHYSICIAN: MEDICAL C	23. PART I. Enter of shock, IMMEDIATE CAUSI disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDI CAUSE (Disease of that inlitted even resulting in death)  PART II. Other alg  25. WAS CASE REFERIE EXAMINER?  1 YES 2 N ANNER OF DEAT  1 Netural  2 Accident	the diseases, or, or heart failure.  E (Final lon )  conditions, immediate ERLYING or injury its ) LAST  Inificant condition  RED TO MEDICAL	DUE TO  C. DUE TO  d	OR AS A CON	death. Do lina.  SEQUENCE OF S	OTHER: 4   Nursing	AE AND ADDITION OF THE PROPERTY OF THE PROPERT	Fune dying, and dying,	In Part I.	Home Rd G: rdiac or rea  rdiac or rea  24a. WAS PERF 1 VES	AN AUTOPSY ORMED?  2 NO	24b. Wid	Approximi Interval Bo Onset and Interval Bo
BY PHYSICIAN: MEDICAL C	23. PART I. Enter of shock, IMMEDIATE CAUSI disease or condition resulting in death)  Sequentially list of cause. Enter UND CAUSE (Disease of the UND CAUSE (Disease of the UND CAUSE (Disease of the Unitated even resulting in death)  PART II. Other alg  25. WAS CASE REFERE EXAMINER?  1 YES 2 N  27. MANNER OF DEAT  1 Natural  2 Accident  3 Suicide  4 Homicide  29a. CERTIFIER (Check only)	the diseases, or, or heart failure.  E (Final lon )  conditions, immediate ERLYING or injury its ) LAST  Inificant condition  RED TO MEDICAL  NO  H  8 Pending investigation  6 Could not be distermined  CERTIFVINO PHYS	DUE TO  C. DUE TO  d	OR AS A CON OR AS	death. Do	22. NAM Hard not enter the	AE AND ADDITION OF THE PLACE OF	Fune dying, and dying, and dying, and displayed by the given	In Part I.  Check only a 8 0th 28d. D	Home Rd G: rdlac or res  24a. WAS PERF 1 YES  One)  CATION (Streety or Town, Steety or Town, S	AN AUTOPSY ORMED? 2 NO W INJURY Occident and Number of the)	24b. Wird.  24b. Wird.  All CCC DF 1	21054 Approximinterval B Onset and Description of C F DEATH? YES 2   1

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ION OF VITAL RECORDS, P.O. BOX 68760	
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permit. for use as the burial-transit Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached te notified must be the medical examiner and completely filled in by the bunal, cremation, or removal. event, traumatic 2 the attending physician Mental Hygiene prior to death certificate be other 6 Injury. signed by the shows any has been a 23 DR ATTENDING PHYSICIAN: The law this certificate h Item the or marked. After 28 is DIRECTOR: / tem THE HOSPITAL ( THE FUNERAL D filed within 72 h Ξ TO THE FUNERA
TO THE FUNERA
De filed within 72
IMPORTANT: II

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

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COMPL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10

REGISTRAR'S SIGNATURE

Hookin

Johns

IAN 0 3 1994

31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RAIMON JANUARY 200 1994 3:05 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 W M 2 | F DAYS HOURS TARRAGONA, SPAI 0 JUNE 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY TARRAGONA 21 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? SPAIN MARAGAL 43750 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes\_specify Cuban, Maxican, Puarto Rican, stc.)

1 YES 2 NO Specify: 11. MABITAL STATUS 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 6+) 17. FATHER'S NAME (First, Middle, Last). 16. MOTHER'S NAME (First, Middle, Maiden Surname) RIO MATEU LU15 LOSE NOLURES MARCH ROCA 19a. INFORMANT'S NAME (Type/Pri 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20a. METHOD OF DISPOSITION
1 
Burlei 2 
Cremation 3 
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other placa) BALTIMORE, MD. U, SA. 4 Donation 5 Other (Specify) OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF CHIMES ur moo677 TIMOMUM, MD 325 ORK 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or treat failure. List only one ceuse on each line. Approximete interval Between **Onset and Death** IMMEDIATE CAUSE (Final Ventricular Fibrillation disease or condition resulting in death) 10 minutes DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) weeks Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Congenital heart disesse CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24a, WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO petient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29e. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis ation and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1/2

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the five last feed feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

4. SOCIAL SECURITY NUMBER  2/2 36 8785  9a. FACILITY NAME (if not institution, give s  Church Home Hospi RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Maryland N/		7 1/1.0		REG. NO.	74	00017
2/2 36 8785 9a. FACILITY NAME (If not institution, give s Church Home Hospi RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland N/	1 M 2 F 54	EHM	JR	2. DATE OF DEATH MONTH DAY	192	3. TIME OF DEATH
Church Home Hospi RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland N/		YRS, MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 2, 19	39 M	errhplace (State or Foreign anyland
	tal		1timore Cit		N/A	F DEATH
10e. STREET AND NUMBER		Baltim	n LOCATION  Ore City			10d. INSIDE CITY LIMITS? 1 1 YES 2 1 NO
1249 Broening Hig	hway		10f. ZIP CODE 21224		U.S.A	F WHAT COUNTRY?
10e. STREET AND NUMBER 1249 Broening High 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MNO I	MAS DECENDENT OF NISPA f yes, specify Cuben, Maxic YES 2 NO Spec	an, Puerto Ricen, atc.)	8	ACE — American Indian, lack, White, atc. pecify: hite
15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	Give kind of work done of the Do NOT use retired.)		16b. KIND OF BUS		Y
8th Grade  17. FATHER'S NAME (First, Middle, Leal)  Harry E. Rehm, Sr		Stevedore		I.T.O.  AME (First, Middle, Maiden S  eth Smith		
196. INFORMANT'S NAME (Type/Print) Faye A. Rehm			(Street and Number or Rura	Route Number, City or Town		yland 21224
23. PART i. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the	JO 64 dealth. Do not enter	the mode of dying, su	er, Inc. Road, Baltin		Approximate interval Between Onset and Dec
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A COI  DUE TO (OR AS A COI  DUE TO (OR AS A COI	NSEQUENCE OF):				
PART ii. Other significent condition	a contributing to desth but n			Part i. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HACOLT		26. PLACE OF DEATH (C	heck only one)		
	HOSPITAL: 1 % Inpetient 2 - ER/Outpetier	oTHEF				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Notural 5 Pending	1 Sinpatient 2 ER/Outpatier 28a. DATE OF INJURY (Month, Day, Year)	1 3 DOA 4 Nun 28b. TIME OF INJURY M	R: sing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO		JURY OCCURED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be 4 Nomicide determined	1 Sinpatient 2 ER/Outpatier 28a, DATE OF INJURY	1 3 DOA 4 Nun 28b. TIME OF INJURY M	R: sing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  CERTIFYING PNYSI	1 ® Inpetient 2 ☐ ER/Outpetier  28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY — A	28b. TIME OF NUMBER OF NUM	t: ling Home 5  Residence 28c. INJURY AT WORK? 1  YES 2  NO  Dry, office  me, date and place, and da	B Other (Specify)  28d. DESCRIBE NOW IN  28f. LOCATION (Street a City or Town, State)  to the cause(a) and man	nd Number or Ru	ral Route Number,

FOR STATE REGISTRAR

A. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68/600	SITE OF ATTENDANC BUYCL'SAN. The last consists that the dooth certificate he essential with
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5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 214 38 4393 1 M 2 XF 01 28 16 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH University of Maryland Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Baltimore permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 730 South Decker Avenue 21224 use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR DR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY for Elementary/Secondary (0-12) College (1-4 or 5+) Housekeeper Church detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) retained by the h 5 should be detail Elizabeth Schrieber BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Laird J. Rose 730 S. Decker Avenue Balto., Md. 21224 fours after death. Page 6 may be illed in by the funeral director, page 1, or removal. 2 20s. METHOD OF DISPOSITION
1 □ Burlet 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 1 Suriei 2 Cremetion 3 4 Donation 5 Other (Specify) must Sacred Heart of Jesus Cem 1-4-94 Dundalk, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 901 S.Conkling Street 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. medical filled in IMMEDIATE CAUSE (Final completely filled disesse or condition the ver metastases event. resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): burial. traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): other the attending phy Mental Hygiene that initiated events resulting in desth) LAST 10 any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL and a Signed I 1 TYES 2 NO Shows t. of PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL:
1 Dispetient 2 - ER/Outpetient 3 - DOA 1 TES 2 ND OTHER: ling Home 5 ☐ Residence 8 ☐ Other (Specify) 4 - Nu 6 the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this ( marked. 1. Natural M 1 YES 2 NO BY After death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 8 Could not be determined 69 COMPLETED DIRECTOR: 4 Homicide 28 Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. be filed within 7.
IMPORTANT: II SS 29b. SIGNATURE AND TITLE OF CERTIFIER Abhos 29c. LICENSE NUMBER 보 보 일 BE subrell Torow n MD 389 30, NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UNIV HOMED CTR ZZSGREENEST BALTIMORE MD JUBILEE BROWN HD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Mary Agnes Rose

2. DATE OF DEATH MONTH

335 8. BIRTHPLACE (State or Foreign Md 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White 20c. LOCATION — City or Town, State Approximata interval Betwee **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NID 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year)

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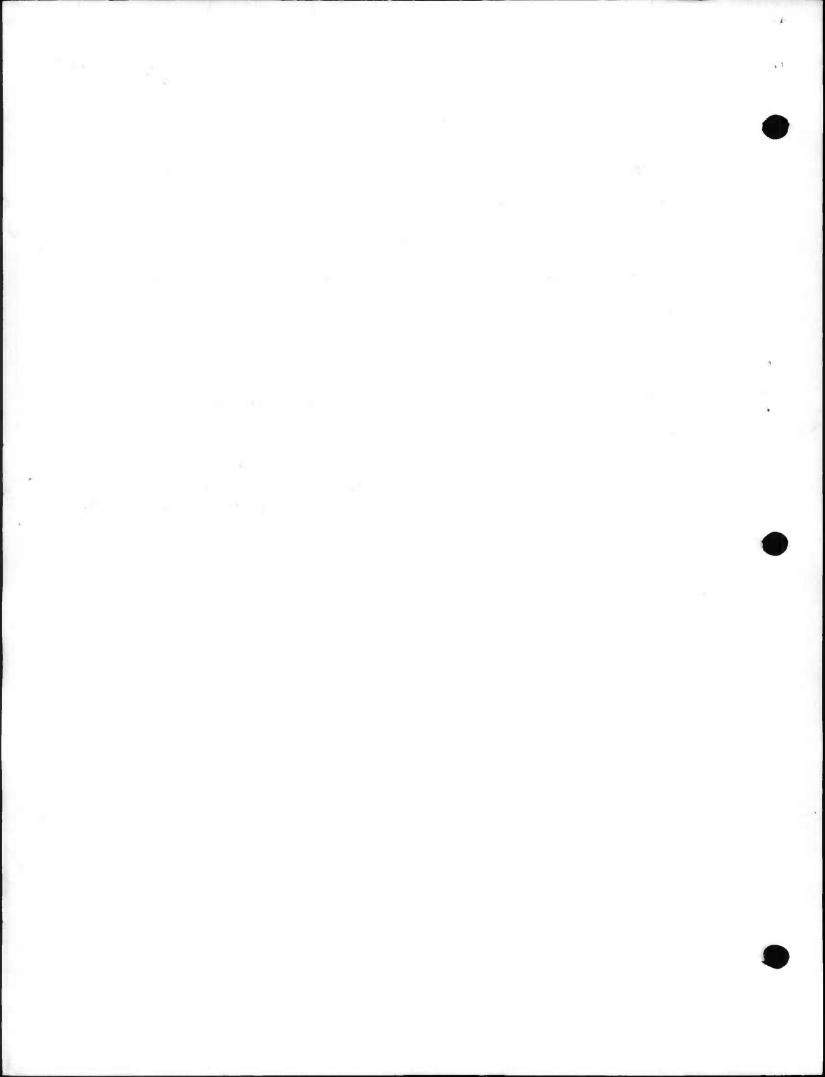
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Margaret S. Ruth 2. DATE OF DEATH 3. TIME OF DEATH 1AR CaA TAZ 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR DATE OF BIRTH a. BIRTHPLACE (State or Foreig IF UNDER 24 HRS. 1 M 2 M HOURS 216-03-6690 YRS Jan. 24, 1902 Hungary Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 9603 Dundawan Road use as the burial-transit 21236 U.S.A. lours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 X ND BY Specify 3 X Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ğ Elementary/Secondary (0-12) College (1-4 or 5+) detached N/A N/A Saleswoman Whitney's Dept. Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Barger funeral director, page 5 should be 7 Suzana Jacob notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia R. Simpson (Step-dghtr) 9603 Dundawan Road, Baltimore, Md. 21236 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Greenwood Memorial Park 1/5 San Diego, California examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. lled in by the fig., or removal. 9705 Belair Road, Baltimore, Md. traumatic event, the medical filled in by t 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart failure. List only one cause on sech line. Interval Between Onset and Death the attending physician and completely filler Mental Hygiene prior to burial, cremation, disease or condition DUE TO (OR AS A CONSEQUENCE OF): executed within resulting in death) Ja CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in death) LAST the PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? shows any 1 - YES 2 - NO DF DEATH? 1 YES 2 NO рееп State Dept. ( PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h HOSPITAL: EXAMINER? patient 2 ER/Outpatient 3 DOA me 5 Residence 6 C Other (Specify) the 6 27. MANNER OF DEATH 28e. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED After this co is marked, h. Day, Year 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY - At home, ferm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be DIRECTOR: J COMPLETED 28 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTT DE filed within 72 hours at IMPORTANT: If Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: Do the besis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AVEN RIVI 32 THE DISTRAP'S SIGNATURE 31. DATE FILED (Month, Day, Year)

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30. NAME AND ADDRESS

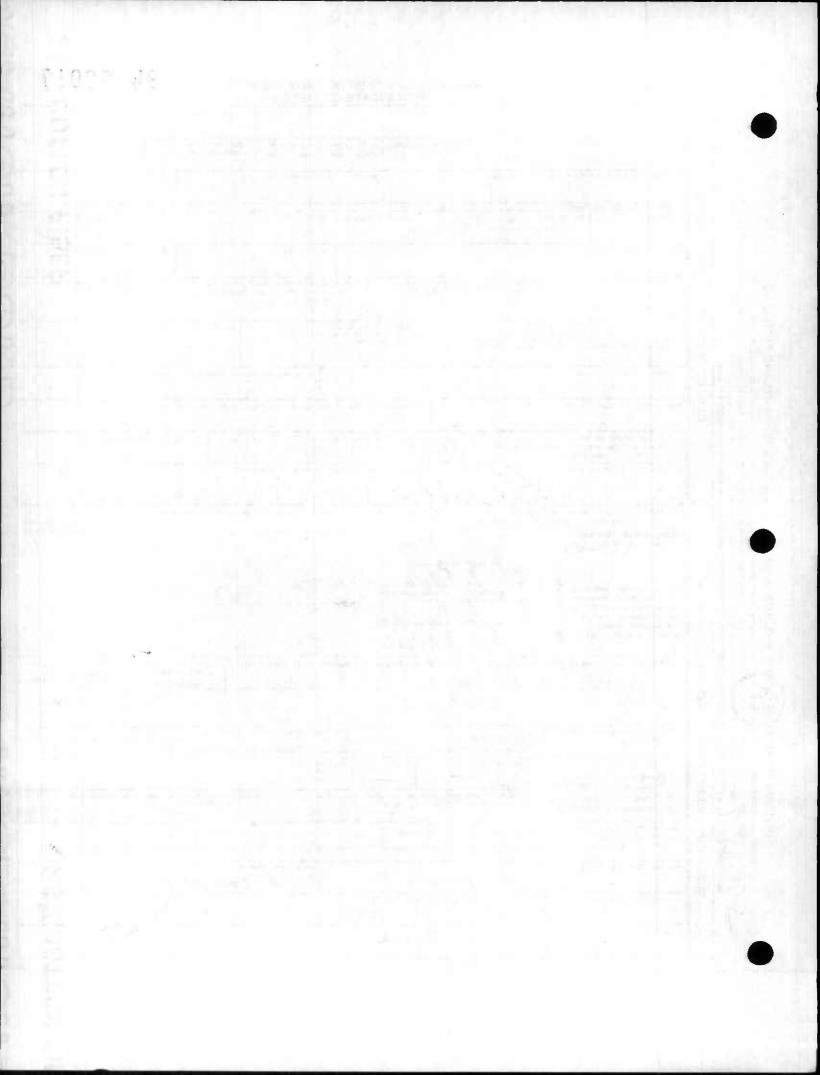
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PERSON WHO COMPLETED CAUSE OF DEATH (IT

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	1. DECEDENT'S NAME (First, Middle, L		JULIA LO	OUISI	E SMITH		2. DATE OF DEATH	DAY	£4	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	/_	//	IPLACE (State or I
	174-24-8405	1 🗆 M 2 🕞 F	63	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	20	Counti	NTON, PA
- 2	Se. FACILITY NAME (If not institution,	ive street end number)	0.5		9b. CITY, TOWN	OR LOCATION OF I	JUNE 4,19		UNTY OF D	
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стоя	Union Memorial RESIDENCE OF DECEDEN 100. STATE 100. CO					-				
DIRE	MARYLAND 106. CO	BALTIMORE	,	10c, CIT	Y, TOWN OR LOCA					10d. INSIDE CIT LIMITS?
	10a. STREET AND NUMBER	BALTIMORE			BALTI					t TYES 2 T
ERAL	455 LAMBERT COU	рт			10	r. ZIP CODE				WHAT COUNTRY?
N N	11. MARITAL STATUS		NT EVER IN U.S. AR	DMED	12 WES DE	2122	ANIC ORIGIN? (Specify Y		S.A.	E — American Inc
BY FUN	1 Never Married 2 Merried  Widowed 4 Divorced	FORCES?	MAR OR DATES	NO	If yes, s	pecify Cuben, Mexic 3 2 NO Spec	can, Puerto Rican, etc.)	e or No—	Black	k, White, atc.
CD.	15. DECEDENT'S (Specify only highest		16e. DE	ECEDENT'S	USUAL OCCUPATI	ON of working	16b. KIND OF B	JSINESS/IN	IDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	se retired.)	out or working				
COMPL	10TH GRADE		HC	OMEMA	KER			HOME	MAKIN	IG .
8	17. FATHER'S NAME (First, Middle, Last GEORGE KLOBUCHI						AME (First, Middle, Maide	n Surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)	K				1	MAE BRINK			
2	DIANE BESSLING						ALTIMORE,			0.0
	20g, METHOD OF DISPOSITION				OF DISPOSITION (N			OCATION -	212	
	23. PART i Enter the diseases,	or complications the	mil at caused the de	eeth. Do	HVBB	ND ADDRESS OF F	H. BAZI	o l	KENS S 2	(229) Approxim
	23. PART I. Enter the disease, shock, or heart fall disease or condition	Sou !-	mil at caused the de	eeth. Do	L CEMETE  22. NAME A  TVBB	ND ADDRESS OF F	H. BAZI	7 WII	KENS S 2	Approxitintarval
TION	23. PART I. Enter the diseases, shock, or heart faild immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	or complications the tree. List only one certain office to the complete to the	mil at caused the de	eeth. Do i	22. NAME A  1. SB  1. S	ND ADDRESS OF F	H. BAZI	7 WII	KENS S 2	Approxir interval
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N: MEDICAL CERTIFICATION	23. PART I. Enter the disease, shock, or heart faile immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications the green List only one cell as a DUE TO c. DUE TO c.	at caused the deuse on each line  O OR AS A CONSE	GUENCE O	22. NAME A  22. NAME A  1/8B  not enter the me  F):  ACU DO  P):  8Chemic	ND ADDRESS OF F	H. BACO	7 WII	KENS 2 rrest,	Approxir interval
MEDICAL	23. PART i. Enter the disesse, shock, or heart fail iMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications the re. List only one certain the post to the pos	at caused the deuse on each line  O OR AS A CONSE	GUENCE O	22. NAME A TUBBINOT THE INC.  POR SEPTEMBER  POR SE	ND ADDRESS OF F	The Part I, 244, WAS A PERFE	7 WII	KENS 2 rrest,	Approximintarvali Onset an IIII
MEDICAL	23. PART I. Enter the disease, shock, or heart fail iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond	or complications the re. List only one cet of the contributing to	at caused the deuse on each line  O OR AS A CONSE	OUENCE O	E. CEMETE  22. NAME A  1/8Bi  FI:  ACL DO-  FI:  SCHEMICE  In the underlyin  DY  OTHER:	ND ADDRESS OF F	The Part I, 244, WAS A PERFE	7 WII	KENS 2 rrest,	Approximintarvali Onset an IIII
EDICAL	23. PART I. Enter the disesses, shock, or heart fall iMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant cond	or complications the re. List only one certain the post of the certain the cer	at caused the deuse on each line  (C)  (OR AS A CONSE  (OR AS	QUENCE O	22. NAME A  22. NAME A  22. NAME A  23. NAME A  24. NAME A  24. NAME A  25. NAME A  26. NAME A  26. NAME A  27. NAME A  28. P.  28. P.	ND ADDRESS OF F	The Part I. 244. WAS A PERFO.  1   YES    Theck only shall   S   Other (Specify)    26d. DESCRIBE HOW	N AUTOPSYMBALD?	CCURED	Approximative of the construction of the const
PHYSICIAN: MEDICAL	23. PART I. Enter the disesses, shock, or heart fall iMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant cond  25. WAS CAUSE REFERAND TO MEDIC EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	or complications the pre- List only one certain the pre- List one contributing to the pre- List one certain the pre- List one ce	at caused the deuse on each line  (OR AS A CONSE  DOMAS A CONSE  OF AS A CONSE  O	QUENCE O	22. NAME A  22. NAME A  22. NAME A  23. NAME A  24. NAME A  24. NAME A  25. NAME A  26. NAME A  26. NAME A  27. NAME A  28. P.  28. P.	ND ADDRESS OF F	The Part I. 24s. WAS A PERFO	N AUTOPSY RMED? 2 NO	CCURED	Approximative of the construction of the const

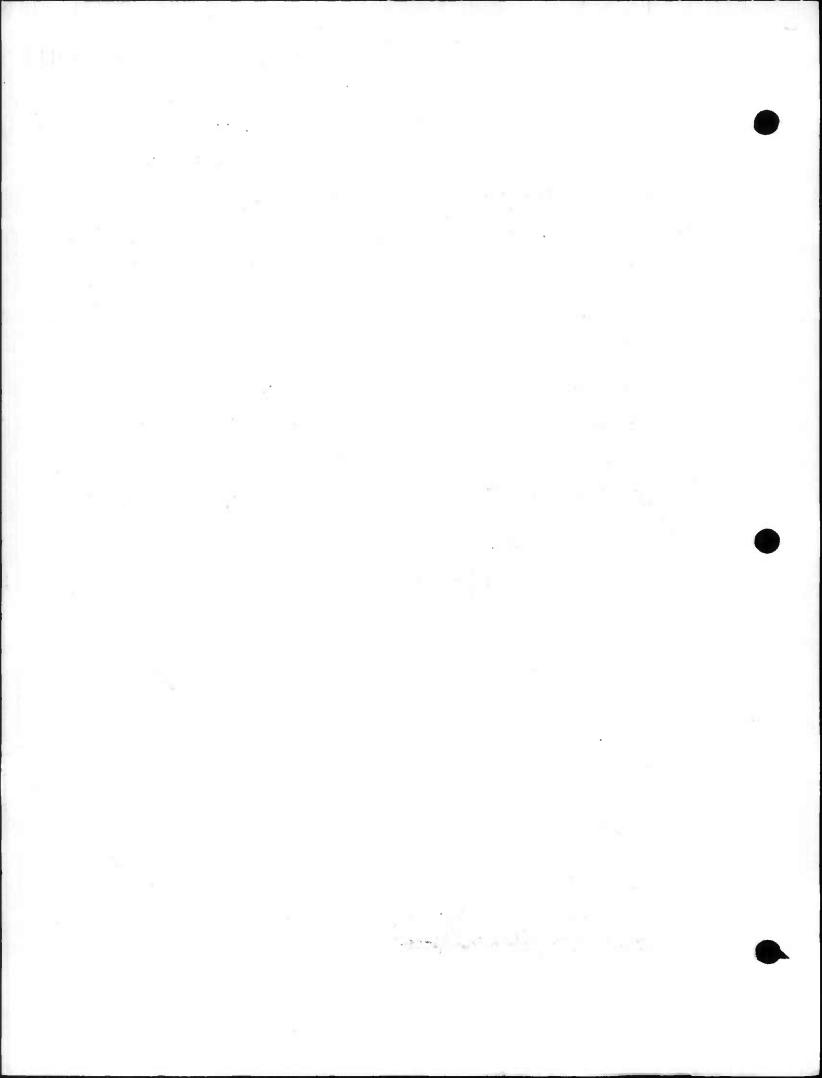


DIVISION OF VITAL RECORDS, P.O. BOX 68760

as been signed by the attending physician and complet	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fler death. Page 6 may be retained by the hospital or attending physician.
the find within 70 hours offer death with the State Day of Health and Market Maries premates or remain	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the land of Maria Haring Bridge in buyal companion or companion.
	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	4 DECEDENTS NAME (First	DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH												
	I. DECEDENT'S NAME (First						January 2, 1994			3. TIME OF OEATH 12:55 P M				
	4. SOCIAL SECURITY NUMBER		5. SEX 8. AGE (In yrs. le		t birthday)	IF UNDER		IF UNDER 24 HRS.		7. DATE OF BIRTH		8. BIRTHPLACE (State or Fo		
1	216-46-9894		1 □ M 2 🔀 F 98		YRS.	MONTHS	DAYS			(Month, Day, Year) Dec. 14,	1895	Country	vland	
	9a. FACILITY NAME (If not institution, give street and number)			-		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
٣	Manor Care - Ruxton Nursing Home					Ruxton Baltimore							roro	
Ĕ	RESIDENCE OF DECEDENT					Ruxcoil Baltillore							OLE	
DIRECTOR	10a, STATE 10b, COUNTY											10d. INSIDE CITY LIMITS?		
	Maryland Baltimore			Parkville						t 🃉 YES 2 🗌 NO				
ੋਂ	10e. STREET AND NUMBER				1			10f. ZIP COOE			10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	2510 Wildpark Ave.								21234			USA		
בַ	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 W							ECENDENT OF HISPANIC ORIGIN? (Spacefify Cuban, Maxican, Puarto Rican.						
B	3 ☑ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES							2 (X NO			Specifi			
	4											MITTE		
2	(Specify only highest grade completed)  Elementary/Secondary (0-12)  To FATHER'S NAME (First, Middle, Last)			(G	16a, OECEDENT'S USUAL OCCUPA: (Give kind of work done during r life. Do NOT use retired.)			on st of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED				+)	Homemaker					Or my II	Own Home			
₹∥					1 Homemo			40 1407	15010 1111	ME (First, Middle, Maiden Surname)				
8	John E. Salter Eliza Jamart  19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
임	Charles D. Cheney  2000 Arabian Dr., Finksburg, MD 21048													
- 1	20a. METHOD OF DISPOSITION 20b. PLACE AND D								<i>,</i> L I .					
	1 ☐ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) ☐ Green				ther piecel	'rema	tory	7	1				
		II. SIGNATURE OF TUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY							
	· U 2	Ans				ROBERT C. ALTENBURG FUNERAL HOME,								
6009 Harford Rd., Balti 23. PMIL Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respirators, or heart felture. Liet only one cause on each line.											more, MD 21214			
- 1	ahock, or h	eart feilure.	Liet only one ceu	on each line	eth. Do i	10t enter	the mo	de or dy	ing, suci	n es cerdiac or resp	iratory ar	rest,	Approximate Interval Between	
	Onset end Death													
	resulting in death) a.													
	DUE TO (OR AS A CONSEQUENCE OF):													
8	Sequentielly liet conditions, Out TO (OR AS A CONSEQUENCE OF):										-			
Ă	cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Diseese or Injuthat initiated events	iry	c. OUE TO	(OR AS A CONSE	OUENCE O	F):								
=	resulting in death) LAS	Т	d											
	DART II. Oak as at a title a													
SA	PART II. Other eignificant conditions contributing to deeth but not res								given in		PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ᆲ	Corebrovoscular Occiden					<i></i>				1 YES :	NO	COMPLETION OF CAUSE OF DEATH?		
ME										_			1 TYES 2 NO	
PHYSICIAN:														
<u> </u>	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:  OTHER:													
2≥	1 YES 2 NO		1 Inpatient 2 28a. DATE OF			4 Nur	sing Hom		sidenca	8 Other (Specify)				
100	1 Natural 5	28b. TIM	E OF IURY		RK?	7.00	28d, DESCRIBE HOW	EŞCRIBE HOW INJURY OCCURED						
m m	2 Accident Investigation					M t YES 2 NO								
	3 Suicida 8 Could not be 4 Homicide detarmined					na, farm, streat, tactory, offica				281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
ш	20e CEDTIKIED													
MPL	(Check only									to the cause(a) and ma				
ģ	2 <u>MED</u>	-		xamination and/or	Investigation	on, in my o	opinion, d	aath occur	red at the	time, data and placa, ar	nd due to t	he cause(s)	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER							29c. LICI	ENSE NUN	IBER	29d. DA1	d. DATE SIGNED (Month, Day, Year)		
	CAPEN ENG W								D28987			1-4-94		
CARL SPERLING M.D. 5601 LOCH RAVEN BLVD 2123														
	31. DATE FILEO (Month, Day,	Year)	B2, REGISTRA	AR'S SIGNATURE										
	STANFOR U. 4	994	g-wind	orin - Months	the.									



1 - STATE REGISTRAR

N OF VITAL RECORDS, P.O. BOX 68760.	
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within who have been some the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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												00010
FOR STATE REGISTRAR		STATE OF N	MARYLAND / CE	DEPART	CATE	OF	EALTH DEAT	AND I	MENTAL HYGIEN REG. NO.	E	14	00019
1. DECEDENT'S NAME (First,	Middle, Last)		100						2. DATE OF DEATH	w	YEAR	3. TIME OF DEATH
HILDEGARDI	3	ALONEA	A	RNOLI	)				January 2.	190		10:20 A. M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	-	IF UNDER	24 HRS.	7. DATE OF BIRTH		6. BIRTI	IPLACE (State or Foreign
214-26-82 <del>2</del> 9		1 🗆 M 2 🟋 F	95	YRS.	MONTHS D	AYS	HOURS	WIN.	July 5, 1	898	Te	xas
9a. FACILITY NAME (If not in	stitution, give s	reet end number)		14	96. CITY, TO	O NW	R LOCATION	ON OF D		9c. COU	INTY OF D	
Presbyteria		e of Mary	land	-		Tov	son			Baltimore		
10e. STATE	10b. COUNTY			10c. CITY	TOWN OR I	LOCATI	ON	_				10d. INSIDE CITY
Maryland	Bal	timore			Towson 1 □ yes 2 1 No						LIMITS?	
10e. STREET AND NUMBER			-			10f.	ZIP CODI	E		10g. CIT	IZEN OF	WHAT COUNTRY?
400 Georgia	Cour	t		uk				2120	4		U.	S.A.
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	YES 2 TA		If yo	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:  12. RACE — American I Black, White, etc.  Specify:  Specify:					k, White, etc.	
	EDENT'S EDU		(Gi	ive kind of w	JSUAL OCCL			a	16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5 +	·) life.	Do NOT use	retired.)				THE RESERVE OF THE PARTY OF THE			Resident to the
12 years Teleph				lepho	ne Op	era	itor		Baltimore	Gas	& Ele	etric Co.
17. FATHER'S NAME (First, M.	iddle, Last)						16. MOTI	ER'S NA	ME (First, Middle, Maiden	Sumame)		
Adolph G.	Thiel			711			Ha	anna	h E. Schmi	dt		
19a. INFORMANT'S NAME (7	ivpe/Print)								Route Number, City or Town			
Llewellyn A	rnold			2537	Marbo	urr	ne Av	re.	Baltimore	, Ma	ryla	nd 21230
	THE RESERVE OF THE PARTY OF THE							_				

	214-26-82 <del>2</del> 9		1 🗆 M 2 📉 F	95	YRS. MOI	NTHS DAYS	HOURS MIN.	July	5, 1898	Texa	as								
	9e. FACILITY NAME (If not institution, give street end number)  9e. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									NTY OF DEA	тн								
TOH:	Presbyterian Home of Maryland Towson Balt									altime	ore								
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									1	Od. INSIDE CITY								
D	Maryland Baltimore Towson								1	YES 2 NO									
₹ N	10e. STREET AND NUMBER			77.75	181	101	. ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?								
ÿ	400 Georgia	Cour					2120			U.S									
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2 Merried  1 Proced  12. Was decedent ever in U.S. Armed if yes, specify Cuban, Mexican, Puerto Rica if yes, specify Cuban, Mexican, Puerto Rica if yes, specify Cuban, Mexican, Puerto Rica if Yes 2 No Specify:						pecify Yes or No— n, etc.)	Black, 1	- American Indian, White, etc. White										
COMPLETED	(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY							DUSTRY										
PLE	Elementary/Secondary (0		College (1-4 or 5+)			e Oper		Rolt	imore Gas	S. Floor	trio Co								
OM	17. FATHER'S NAME (First, Mi			1 101	CDITOIT	c oper			e, Maiden Surname)	W FIEL	uric w.								
BE C	Adolph G.	Thiel					Hanna	ah E. S	chmidt										
то в	19a. INFORMANT'S NAME (7)	rpe/Print)					nd Number or Rural	Route Number, (	City or Town, State, Zi	,									
F	Llewellyn A			2	537 M	arbour	ne Ave.	Balti	more, Ma	ryland	1 21230								
	20a, METHOD OF DISPOSITI 1 A Burlei 2 Crematio 4 Donation 6 Other		oval from State	cometery, crares				1-5	20c, LOCATION —		aryland								
	21. SIGNATURE OF FUNERAL	SERVINE I I	CENSEE	TLOTTAL	ne ra					WII, FR	aryranu								
	George	I Fer	rrarse				hell-Wie		Home imore, M	ລາຕເປັດເ	nd 21212								
	23. PART I. Enter the di	seases, or o	complications that of	aused the deat	h. Do not						Approximate								
2	shock, or he IMMEDIATE CAUSE (Fin	art fallure.	List only one cause	on each line.							Interval Between Onset and Death								
	disease or condition resulting in death)		Congesti	ve Hear	t Fai	lure					6 weeks								
	reading in dealing			R AS A CONSEOU															
Z	Sequentially list conditi	000	ASCVD_								years								
ATIO	If any, leading to immed cause. Enter UNDERLYI	liete	DUE TO (O	R AS A CONSEQUE	ENCE OF):														
FIC	CAUSE (Disease or inju		cDUE TO (O	R AS A CONSEQU	ENCE OF):		-												
CERTIFICATION	resulting in death) LAS		d																
IL C	PART II. Other significe	nt condition	na contributing to d	eath but not rea	uiting in ti	he underlying	g ceuse given in	Part I. 24	. WAS AN AUTOPSY		PERE AUTOPSY FINDINGS								
SICIAN: MEDICAL	Chronic R	enal l	Failure					1	PERFORMED?	C	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
ME											YES 2 NO								
ä																			
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		I m	26. PL [HER:	ACE OF DEATH (C	heck only one)											
YSI	1 TES 2X NO		1 Inpatient 2 I E		DOA 4	ANursing Hom	e 5 🗆 Residence	6 Other (Sp	ecify)										
ву РНУ		Pending nvestigation	28e. OATE OF IN (Month, Day,	IJURY Year)	286. TIME OF	WO	URY AT RK? /ES 2 NO	28d. OESCRI	BE HOW INJURY OC	CUREO									
	3 Suicide 6	Could not be	28e. PLACE OF a building, at	NJURY — At home c. (Specify)	, farm, stree	t, factory, office			N (Street end Numbe wn, State)	r or Rural Rou	rte Number,								
ET	29e. CERTIFIER																		
COMPLETED	(Check only		ICIAN: To the best of m								and manner ee stated.								
BE (	296. SIGNATURE AND TURE	OF CERTIFIE	R	N			29c. LICENSE NU	JMBER	29d. DAT	E SIGNED (A	forth, Day, Year)								
6	Alluer	raf	4 Mil	)			DIIO.	26		1-4	-94								
	S.J. Venebl					nt)					The state of the s								
	Dava VLIII		J. 11111 VI		1011														
	31. DATE FILEO (Month, Day,		32. DEGISTRAR		Jau														

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	1 - STATE REGISTRAR		MARYLAND	CERTIF						REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las		10						2. DATE	OF DEATH		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH		34 BIRTHPL	ACE (State or Foreign
	432-80-677	y 1 1 M 2 □ F	4	7 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		ARKAN	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	ATH	1181	9c. COUNT		
S S	Mercy MY	dical C	enter			Ba	150	rare			n	/a	
DIRECTOR	10a. STATE 10b. COUR	ITY		10c. CI1	TY, TOWN	OR LOCAT	TION		_			10	d. INSIDE CITY
F	MD				K	3a 1	ton	201					LIMITS?
RAL	100. STREET AND NUMBER 250	. PRESIDEN	TSTREET			7	. ZIP COD	€ 212	202		10g. CITIZE		T COUNTRY?
FUNER	2505	Presto	2 54	ret	-			21	20		UNITE	D STA	ATES
	11. MARITAL STATUS  1 Never Married 2 Married	FORCES?	TEVER IN U.S.			If yes, sp	ecify Cubi	n, Maxica	n, Puerto	N? (Specify Yai Rican, atc.)	n or No 1	4. RACE — Black, W	American Indian, thite, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			1 TYES	2XX NO	Specify	<i>/</i> :		- 1	Specify:	BLACK
8	15. DECEDENT'S Et (Specify only highest gra	of a constant to		DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON ost of working	na	160	. KIND OF BU	SINESS/INDU	STRY	
LET	Elementary/Secondary (0-12)	2 College (1-4 or 5	5+)	IIIe. Do NOT u	se retired.)					n/	2		
COMPL	17. FATHER'S NAME (First, Middle, Last)	L Jeans		UNEMPL	UTED		40 1407	UE010 111	45				
Ü	JOHN R. BRYANT 🕀	SR.						THERI		Middle, Maiden WILLIAM			
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Pural	Toute Num	NEW YOR	yn, State, Zip C	0049) OO 21	
۴	JOHN R. BRYANT III			600 C	OLUMB	US P	WE.,	apı.ı	ık,	NEW YOR	K, INT	10023	0
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re	moval from State		N OT RE					OAT		CATION - CI		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEA	HAVE	N OT RE			Y ND ADDRE	CC OF EA	CHITTY	LI	TILE R	JUK, A	RKANSAS
	1 Mulan	ROW	// )							1101 E.	NORTH	AVEN	UE
	23 PADT i Enter the diseases o	2 COM		d									
	23. PART i. Enter tha diseases, o ahock, or heart failure	. List only one ca	use on aach li	na.	not enter	tha mo	da or dy	ing, auci	h as can	diac or raap	iratory arres	st,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Same	11										Onset and Death
	resulting in death)	a. Seps	O (OR AS A CONS	SEOUENCE O	F):								-
NO	Sequentially list conditions,	b. Pre	nmonis	a									
ATI	if any, laading to immediate cause. Enter UNDERLYING	DUE TI	O (OR AS A CONS	SEOUENCE O	<b>೯</b> ):								
IFIC	CAUSE (Disease or injury that initiated events	C. OUE TO	O (OR AS A CONS	SEOUENCE O	F):								-
AL CERTIFICATION	resulting in death) LAST	d											
	PART II. Other aignificant condition	ons contributing to	o daath but no	t resulting	In the ur	nderlyina	g cause (	given in	Part i.	24a. WAS AN	AUTOPSY	24h. WF	RE AUTOPSY FINDINGS
ICAL										PERFOR	RMED?	AW/ CO	AILABLE PRIOR TO EMPLETION OF CAUSE
MED										1 YES 2	l No		DEATH?
									_	The			metal
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only o	ne)			0
IXS	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatient		4 🗆 Nur	sing Hom	e 5 □ Re	sidence					
	1 Natural 5 Pending	(Month,	Day, Year)	26b. TIN	IE OF JURY	-	URY AT PRK? YES 2	7 NO	26d. DE	SCRIBE HOW I	NJURY OCCU	REO	
ВУ	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE	OF INJURY — At	home, farm,	street, fact			_ NO	28f. LOC	ATION (Street i	and Number or	Aural Boute	e Number
TED	4 Homicide determined	building	, etc. (Specify)						City	or Town, State)			,
MPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of	of my knowledge,	death occurr	ed at the t	lme, data	and place	, and due	to the car	use(s) and mer	ner as stated		
COM	One) 2 MEDICAL EXAMI												nd manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIF	ER //	/	,			29c. LICE	ENSE NUN	IBER		29d. OATE S	SIGNED (Mo	onth, Day, Year)
5	Chut P	less	1 1	nn							•		
	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAL	USE OF DEATH (II				10	, _	,		99		
	Christophen ) 31. DATE FILED (Month, Day, Year)	32/ REGISTR	AR'S SIGNATURE	0 1	0	51	runl	P	-	Ba lto	MD		

a

GREGORY WALKER

31. DATE FILED (Month, Dey. Year)

JAN 0 4 1994

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**E** .

UNIV. PKWY. BALTO., MD.

M.D.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND		TMENT OF			TYGIENE SEG. NO.	00021
	1. DECEDENT'S NAME (First, Middle, Last)		OTTE OF	DEATH	2. DATE OF		3. TIME OF DEATH
	LEONARD P. BAKER				MONTH 1	2 -1994	YEAR
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	Inst hirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		
	215-07-1252 ¹₩ <sup>™ 2</sup> □F 82	YRS.	MONTHS DAYS	HOURS MIN.	11-		8. BIRTHPLACE (State or Foreign Country)  MD •
-	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN	OR LOCATION OF	EATH	9c. COU	NTY OF DEATH
Ö	830 W. 40TH ST.		BAI	TO.		i	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	40. 000					
DIRECTOR	MD	100, 0111	, TOWN OR LOCA	ALTO.			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
1	100. STREET AND NUMBER		10	of. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
FUNERAL	830 W. 40TH ST			212	11	1	U.S.A.
13	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yee or No-	14. RACE - American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		pecify Cuben, Mexic S 2 NO Speci		n, etc.)	Black, White, etc.  Specify:
BY	3 Widowed 4 Divorced WWII		1	- 1,0 1,00	·y·		WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL OCCUPAT	ION	16b, KII	ND OF BUSINESS/INC	DUSTRY
1 4	Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of with the Do NOT use	rork done during m e retired.)	ost of working			
4	5+	LAWY	ER			LAW	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	231717		18. MOTHER'S N	ME (First Midd	le, Melden Surname)	
Ш	LEONARD P BAKER						
m		AND MAIL INC	4DDD500 (0)		ENCE (		
2	MARGARET B. BAKER					City or Town, State, Zip	
					APT.		LTO.,MD 21211
			PER DISPOSITION (A	IDS CH	. 1/5	BALTO	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF F	CILITY	VS & SOI	70.00
	Nollin ( Varen III	_					
	on committee of the same of the						MD. 21212.
	23. PART 1. Enter the diseases, or complications that ceused the shock, or haert failure. List only one cause on each like	deeth. Do n ne.	ot anter tha m	ode of dying, su	ch es cerdisc	or respiratory an	rest, Approximsta interval Batween
	IMMEDIATE CAUSE (Final	1 ^					Onset and Death
	disease or condition resulting in death)	IA					1 2 Week
	DUE TO (OR AS A CONS	EQUENCE OF	- 1	1 1	4		
z	M	ulle	Infor	to Do	imble	~	13 Mrs
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	EQUENCE OF	- 4				1 0
18	cause, Enter UNDERLYING						
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONS	EOUENCE OF	);				
IE	resulting in daeth) LAST						
. W	d						
1	PART II. Other significant conditions contributing to deeth but not	resulting is	n the underlyin	ig ceuse given in	Pert i. 24	I. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA						PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					۱۰ [ ==	YES 2 NO	OF DEATH?
							1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL						
□	EXAMINER? HOSPITAL:		OTMER:	LACE OF DEATH (C	neck only one)		
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpatient	1	4 Nursing Hor	ne 5 🗌 Residence	8 Other (Sp	pecify)	
표	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT ORK?	28d. DESCRI	BE HOW INJURY OC	CURED
B	2 Accident investigation		M 1 🗆	YES 2 NO	_		
ED	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, si	treet, factory, offic	CO	28f. LOCATIO	N (Street and Number wn, State)	or Rural Route Number,
	4 Homicide determined	,			Only or it.	, sound)	
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurre	d at the time date	and place and du	do the count		
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/o						
8			, or my opinion,			prace, end due to th	ne cause(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU		29d. DAT	SIGNED (Morth, (Day, Year)
	Mary Cospur			D2511	and the same of th	<b>▶</b> 1	13/95
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT						

.89 A A. The state of the s 1. DECEDENT'S NAME (First, Middle, Last)

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ENDING PRESCIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be ret	First that the tertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	
至	至	
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m.	16	

BE

8	217-74-7553	5. SEX	1 🗆 M 2 💢 F 85 YRS.				MONTHS DAVE HOUSE MAN (Mont			(Month, Day, Year) C		Æ(State or Foreign ∩OİS
	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
TOR	Good Samaritan Nursing Home Baltimore City											
DIRECTO	10e. STATE 10b. COUR	(TY		10c. CIT	Y, TOWN	OR LOCAT	TION				10d.	INSIDE CITY
	Maryland			В	alti	more	City	V			1 🛭	LIMITS?
¥	10e. STREET AND NUMBER						. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?
띮	3804 Forrester	Ave.					212	206		U	I.S.A.	
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X			If yes, sp	ENDENT OF ecify Cuban 2 X NO	, Mexican	C ORIGIN? (Specify , Puerlo Ricen, etc.)	Yes or No-		
8	15. DECEDENT'S Et (Specify only highest gra		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON est of working		16b. KIND OF	BUSINESS/INDL	ISTRY	
COMPLET	Elementary/Secondary (0-12) 12 yr's	College (1-4 or 5	+) Ine.	lomem	e retired.)		ST OF WORKING	,	-			
S S	17. FATHER'S NAME (First, Middle, Last)						1a. MOTH	ER'S NAM	NE (First, Middle, Maid	den Sumame)		
BE C	Alfred		Ruwaldt				1	Alvii	na	I	lauscr	nan
	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRES	S (Street a			oute Number, City or			
2	Mr. Paul C. Behr	man		P.O.	Box	839	Ki	illir	ngworth,	Conn.	06419	9
	20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											State
	4 Donetton 5 Other (Specify) Parkwood 1/6/94 Baltimore, MD											MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr.   22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214  Leonard J. Ruck, Inc. 5305 Harford Rd.											
	23. PART I. Enter the diseases, or complications that could the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											Approximata
	ahock, or heart failure. List only one cause on each line.										Interval Betwee Onset and Date	
	disease or condition at the consequence of:  Due to (or as a consequence of):  Ovarian Primary											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
ERTIFI	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL (	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINI AMAIL ABLE PRIOR TO COMPLETION OF CA DF DEATH?										LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
N.	25. WAS CASE REFERRED TO MEDICAL										1	YES 2 NO
- 53 II	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE	R:	ACE OF DE		S Other (Specify)			
BY PHYSIC	27. MANNER OF DEATH  Neturel 5 Pending Accident Investigation	28e, DATE OF (Month, D		28b. TIMI INJ	_	28c. INJ WO			28d. DESCRIBE HO	W INJURY OCCI	JRED	
PLETED E	3 Suicide a Could not be determined	28a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, s	street, factory, office  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					Number,		
OMPLE	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.											

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

5810 Belair Road

Fernando Ferro, M.D.

JAN 0 4 1994

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Behrman

00022

8:30

ам

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Approximata Intervai Between Onset and Daeth

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

94

1994

29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

D40480

Baltimore, Maryland 21206

2. DATE OF DEATH MONTH

January

A.

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

JAN 0 4 1994

	The state of
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89 X	b avenue
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RDS	ods the
RECO	raceirae th
7	o law
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAI OD ATTENDIAG BUYCICIAN: The law securiors that the death sections to execute district the securior
NOISI	ATTENDING L
5	00
	Y

1/94 DAY Carolyn Holland, (MN) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Hear) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 214-38-3693 1 🗆 M 2 🔯 F HOURS for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Mercy Medical Consideration DIRECTOR Center BALTIMORE 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION MD BALTIMORE FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 1746 HOMESTEAD ST. 21218 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES BY COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
"Thin kind of work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (0-12) Elementary/Seco Coflege (1-4 or 5+) detached UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) filled in by the funeral director, page 5 should be notified at ARTHUR DAVIDSON THERODOSIA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 VANESSA BRANDON 1101 HOLLEN R. BALTO, MD 21239 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must CEMETERY BALTIMORE BALTIMORE, MD examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1129 N. CAROline st. ▶ BETTS FUNERAL HOME BALTIMORE, MARYLAND or removal. medical 23. PART I. Entar the diseases, or complications that caused the daeth. Do not entar the mode of dying, such as cerdiac or reepiratory erreet, shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the attending physician and completely filler Mental Hygiene prior to burial, cremation, the Acute Myscardial Infarction disesse or condition resulting in death) event, DUE TO (OR AS & CONSEQUENCE OF) traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting In death) LAST 6 shows any Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY signed by the PERFORMED? 1 ☐ YES 2 ☐ NO been f. of has be Dept. . 23 sl PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL certificate h 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Netural 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 99 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined DIRECTOR: / COMPLETED 500 4 Homicide item 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If IN 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) uoni) 1 mtog 2 MD Surgical 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MONTOYA JUAN D M.D. University

22. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BETTY

94 00023

3. TIME OF DEATH

933

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

YES 2 NO

Approximate

24b. WERE ALITOPSY FINDINGS

OF DEATH? 1 YES 2 NO

1/1/94

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Interval Between

Onset and Death

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify: BLACK

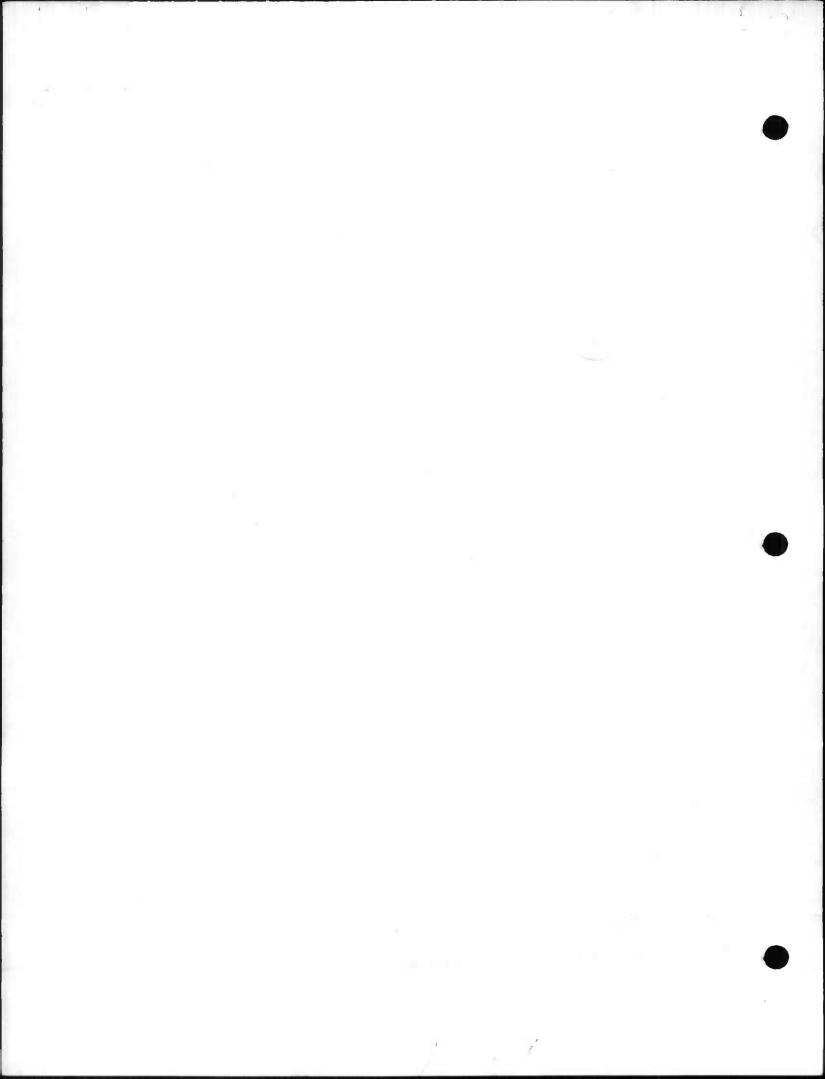
HOLLAND

U.S.A.

14. RACE — American Indian, Black, White, etc.

REG. NO.

2. DATE OF DEATH



21215-0020	
<b>MARYLAND 2121</b>	
m,	
LIMOR	
-	

OR TATE EGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	94	00021
EDENT'S NAME (First, Middle, Last)	2 -	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH

DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)  1. DECEDENT'S NAME (First, Middle, Last)  1. DECEDENT'S NAME (First, Middle, Last)  2. OSE VE / T  4. SOCIAL SECURITY NUMBER  2. 48 - 68 - 0.234	BOAT							
ECTOR	4. SOCIAL SECURITY NUMBER 248-68-0234		Turight			2. DATE OF DEA	DAY	YEAR 3. TIME OF	F DEAT
ECTOR		5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRT (Month, Dey, Ye	H 6	Country)	te or Fe
ECT	90. FACILITY NAME (If not inetitution, give s  7/2 BE/9/1	72		BA-	R LOCATION OF D			Y OF DEATH	
DIR	104. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION	ON .			10d. INSID	187
FUNERAL	100. STREET AND NUMBER 712 BELGI	AN AVE.		1	ZIP CODE 21212	2	10g. CITIZE	U.S.A.	ITRY?
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spec		NIC ORIGIN? (Speci an, Puerto Rican, et ity:	c.)	4. RACE — America Black, White, etc Specify: BLACK	en Ind
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ille Do NOT use	rk done during most	t of working	16b. KIND 0	F BUSINESS/INDU		
E COMPL	17. FATHER'S NAME (First, Middle, Last) WILLIAM BO	ATWRIGHT	01	v Bill Bol		AME (First, Middle, M	eiden Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural	Route Number, City	or Town, State, Zip C		
-	EVA BETHEA					#418 B			2
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE OF	er place)	ne of		e. LOCATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LIC		MT. ZION		D ADDRESS OF FA		LANDSDO	MINE, M	ID_
	BeTTS Fun	anal 11.		BALT	IMORE,	MARYL	AND 21	1213	
RTIFICATION	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	nem	nik			2	n
CER		d							
: MEDICAL	PART II. Other aignificent condition	s contributing to deeth	but not resulting in	the underlying	cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2 1410	24b. WERE AUTO AVAILABLE COMPLETIC OF DEATH?	PRIOR ON OF
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			ACE OF DEATH (C	heck only one)			
YSI	1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER/O		OTHER:     Nursing Home		8 Other (Specific	1)		
у РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Year		RY WOF	IRY AT	28d. DESCRIBE	IOW INJURY OCCU	RED	
B	2 Accident 3 Suicide S Could not be datermined	28e. PLACE OF INJU- building, etc. (S	RY — At home, farm, str (pecify)	eet, factory, office		281. LOCATION (S City or Town,	Street and Number or State)	/ Rural Route Numbe	94,
TED		CVAN. To the head of our loa	owledge, death occurred	at the time, date a	and place, and du	a to the sounds)			
Ш		R: On the basis of examina	tion and/or investigation,	In my opinion, de					107 00
TO BE COMPLETED	(Check only	R: On the basis of examina	tion and/or investigation,			e time, data and pla	ce, and due to the		

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4	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN. The law requires that the death certificate he executed within 24 ho
SICN	TENDING
2	A AO
	-59

1 - STATE REGISTRAR	STATE OF MA		ERTIF					MENIA	REG. NO	-	14	00025
1. DECEDENT'S NAME (First, Middle, Las								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Marian Barro	n							0.1	. 0			10:15 P
4. SOCIAL SECURITY NUMBER	5. SEX (	B. AGE (In yrs. le	al birthday)		R 1 YEAR	IF UNDER			OF BIRTH		6. BIRTH	PLACE (State or Foreign
120-32-4111	1 🗆 M 2 💯 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	908	Countr	mnsylvania
9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE		11 10, 1	<del></del>	NTY OF D	
Fairhaven Life	Care Comm	unitu			Tarle o o							
Fairhaven Life	care conti	unitcy			Sykes	ATTT	e			I_Ca	rrol	1 Ounty
10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
Maryland Car	roll Count	v		Syke	svil	10						LIMITS?
		-1		Dynce		ZIP CODE				10a CITI	IZEN OF Y	THAT COUNTRY?
7200 Third Av	onuo					2	170					
10e. STREET AND NUMBER 7200 Third Av 11. MARITAL STATUS	12. WAS DECEDENT	EVED IN ILC A	THEO.	T 40	W#0 DE0		1784					S.A.
1 Never Married 2 Married	FORCES? 1	YES 2	NO	13.	If yes, spe	endent o	r HISPAN n, Maxica	n, Puerto	N? (Specify Ye. Rican, atc.)	a or No-	14. RACE Black	- American Indian, c, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES			1 TYES	2 NO	Specify	y:			Speci	
	I	I a a										White
(Specify only highest gra	de completed)	(0	ECEDENT'S Bive kind of a Do NOT us	words done	during mos	N st of workin	g	168	, KIND OF BU	SINESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	470										
2			Regi	ster	red N					alth	Care	
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden	Sumame)		
George Ha	mpton Ferg	uson				1	M. F	'lore	ence He	elker		
	And the second	19	b. MAILING	ADDRES	S (Street ar	nd Number	or Rural I	Route Num	ber, City or Tow	n, State, Zip	Code)	
Mrs. Lesley B.	Rogers		10 W	ater	gate	Cour	rt.	Silv	er Spi	cina.	MD	20905
20a. METHOD OF DISPOSITION		20b. PLACE						DAT		CATION -		
1 Dariel 2 Cremation 3 Re	moval from Stale	cemetery, cre Union	ematory or o	ther place)				1				
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	TOTALO	1 Cen		NAME AN	weau	eriy,	PA I-	-5-p3 N	eather	ciy, F	ennsylvania
4 /1	1 -	01		22.	HATG	D ADDRES	INFR	AT. H	OME (F	0 1	Roy '	1951
- Luan 6	8. Haig	at							21784			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	OR AS A CONSE	OUENCE O	F):								
PART ii. Other significant conditie	ons contributing to de	eath but not	resulting	in the ur	nderlying	cause g	iven in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
<u> </u>												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OP DEATH						ACE OF DE	ATH (Ch	eck only or	16)			
1 Tes 2 Tho	HOSPITAL:	R/Outpatient 3	DOA	OTHE	R: sing Home	5 🗆 🖦	aldence	8 🗆 🔿	E (Specific)			
27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIM	E OF	28c. INJU		- Control		CRIBE HOW I	NJURY OC	CURED	
■ 1 / Natural 5 Pending	(Month, Day,	Year)		JURY	WOF	RIC?	1 110	200. 52.	,011100 11011 1	1100111 000	JONED	
2 Accident Investigation		IN DIEW ALL				E\$ 2 _	NO	110				
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF I building, et	c. (Specify)	me, farm, s	street, fac	tory, office			28I. LOC	ATION (Street or Town, State)	and Number	or Rural R	oute Number,
	SICIAN: To the heat of m											
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMII	IER: On the basis of exer	mination and/or	Investigatio	en, en my c	optnion, da	win occun		inne, con	and place, an	d dua to th	e cause(a	and manner as stated.
(Check only one) 2 MEDICAL EXAMINATION OF STREET OF STRE		mination and/or				29c. LICE	NSE NUN	IBER		29d, DATE	E SIGNED	(Month, Day, Year)
296. SIGNATURE AND TITLE OF CENTIFI		mination and/or				29c. LICE	NSE NUN	IBER		29d, DATE	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	ER: On the basis of exer					29c. LICE	NSE NUN	IBER		29d, DATE	E SIGNED	(Month, Day, Year)
29b. SIGNATURE AND TITLE OF CONTIN	ER: On the basis of exer	OF DEATH (ITE				29c. LICE	NSE NUN	IBER	7 Elder	29d, DATE	E SIGNED	(Month, Day, Year)

the executed within anours after death. Page 6 may be retained by the hospital or attending physician.

yetican and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

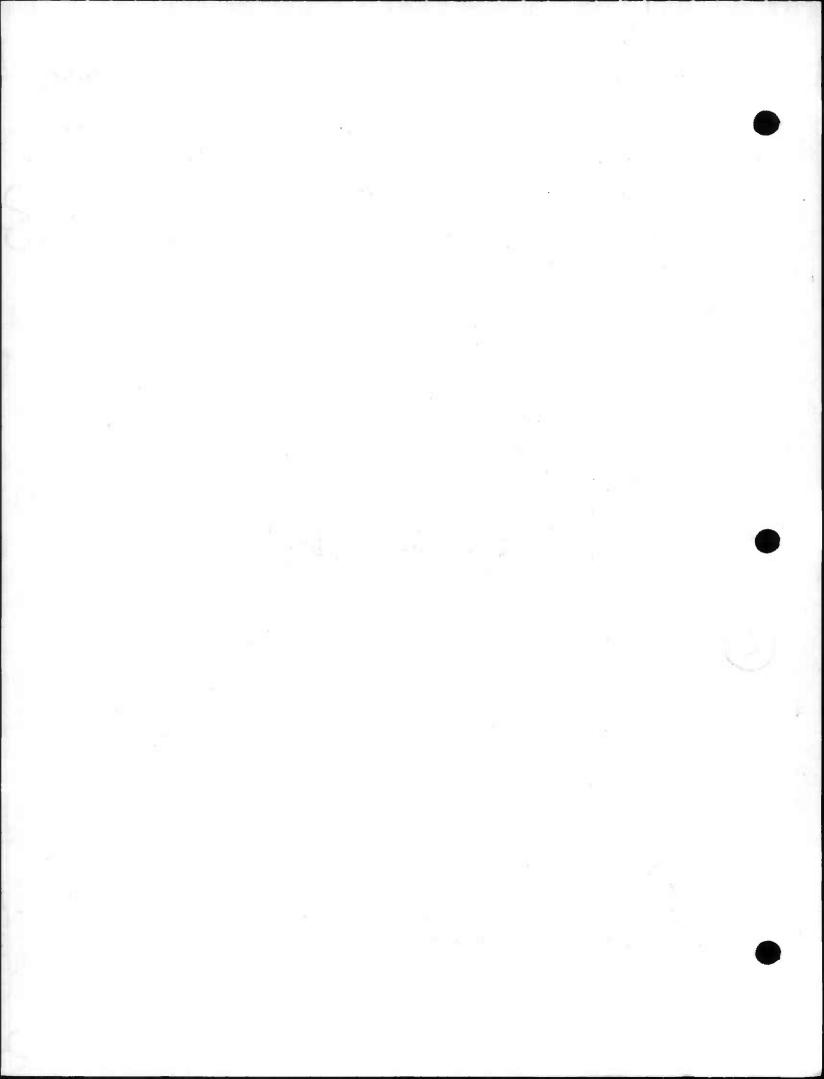
er traumetic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS

BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Item 28 Is marked, or Item 23 shows any I

94 00026 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D	DEATH			3. TIME OF DEATH
BURTON	LE	CWIS			BEL	LING	ER		MONTH	OAV	1994	YEAR	11:50A M
	ER	5. SEX	6. AGE (In	yrs. last birthd				24 HRS.	7. DATE OF B	HRTH		6. BIRTI	HPLACE (State or Foreign
220-56-8482		1 <b>∑</b> M 2 ☐ F	44	YR	MONTHS	DAYS	HOURS	MIN.	1-28-1	y. Year) 949		NEW NEW	YORK
9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CIT	Y, TOWN (	OR LOCATE	ON OF DE					
HARBOR HOSE	TTAT. F	E.R.			BA	т.ттм	ORE (	ידיע				N/A	
RESIDENCE OF DEC	EDENT								•				
				10c.									10d. INSIDE CITY LIMITS?
	ANN	IE ARUNDE	L		G								1 TYES AND
224	TININIT AT	OTDOLE				101					-		WHAT COUNTRY?
	ENNIAL							-					
	Merried	FORCES? 1	YES	2 NO	13	It yee, sp	ecity Cube	n. Mexica	n. Puerto Ricen	pecify Yes o i, etc.)	or No	14. RACI Blac	E — American Indian, ik, White, etc.
3 Widowed 4 Divo	rced			ES		1 TYES	5 ₩O	Specify	γ:			Spec	WHITE
		CATION		16e. DECEDEN	T'S USUAL (	OCCUPATIO	ON		16b. KIN	D OF BUSI	NESS/INC	DUSTRY	
			+)	Iffe. Do NO	Tuse retired.,	)	st of working	ng					
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		ODD											
		GER		642	6 D.	CENT	ENNI	AL C	IRCLE,	GLE	N BU	RNIE	, MARYLAND
		oval from State											
			GL	EN HAV					1				
21. SIGNATURE OF FUNERA	L SERVICE LIC	A											,
Monary	U	Down	سلاما	,					-	-			E,MD.21061
23. PART i. Enter the di ehock, pr he	seasea, Dr c eart failura.	complications the	t caused t	the deeth. D	not ente	r the mo	de of dy	ing, aucl	h aa cardiec	or respire	atory an	reat,	Approximata interval Batween
IMMEDIATE CAUSE (Fin		A	L				1A		7)	1			Onset and Death
resulting in death)	<b>→</b>	· Nu	de	Con	rey	3/	ME	13	140	mbo	216		
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Sequentially list conditi		DUE TO	(OR AS A C	CONSEQUENCE	OF):	<i></i>							
if any, leading to imme	dieta	b. DUE TO	(OR AS A C	CONSEQUENCE	OF):								
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	BURTON  4. SOCIAL SECURITY NUMBE  220-56-8482  9e. FACILITY NAME (# not in HARBOR HOSE- RESIDENCE OF DEC  10a. STATE  MARYLAND  10e. STREET AND NUMBER  6426 D CENT  11. MARITAL STATUS  11. Mever Married 2 💢  3 Widowed 4 Divo  [Specify only Elementary/Secondary (0 12  17. FATHER'S NAME (First, M LEWIS WINFII  19e. INFORMANT'S NAME (First, M LEWIS WINFII  20g. 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SOCIAL SECURITY NUMBER  220-56-8482  9e. FACILITY NAME (If not institution, give s HARBOR HOSPITAL I RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT MARYLAND ANN  10e. STREET AND NUMBER  6426 D CENTENNIAL  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade)  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last) LEWIS WINFIELD BE  19e. INFORMANT'S NAME (Fype/Frint) DOLORES BELLIN  20g. METHOD OF DISPOSITION 1 Meuriel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the diseases, preshock, present failure.  IMMEDIATE CAUSE (Final disease Dr condition)	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  220-56-8482  9e. FACILITY NAME (If not institution, give street and number)  HARBOR HOSPITAL E.R.  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  ANNE ARUNDE  10e. STREET AND NUMBER  6426 D CENTENNIAL CIRCLE  11. MARITAL STATUS  1 Never Married 2 Merried  1 Never Married 2 Merried  1 PSS, GIVE W  1 972-1  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)  LEWIS WINFIELD BELLINGER  19e. INFORMANT'S NAME (Type/Print)  DOLORES  10  10  10  10  10  11  12  13  14  15  15  16  16  16  17  17  18  18  19  19  19  10  10  10  10  10  10  10	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  220-56-8482  9e. FACILITY NAME (If not institution, give street end number)  HARBOR HOSPITAL E.R.  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  ANNE ARUNDEL  10e. STREET AND NUMBER  6426 D CENTENNIAL CIRCLE  11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)  LEWIS WINFIELD BELLINGER  19e. INFORMANT'S NAME (Type/Print)  DOLORES  BELLINGER  20g. METHOD OF DISPOSITION  1 C Burriel 2 Cremetton 3 Removel from State enock, pr heart failure. List Dniy dna cause do ehock, pr heart failure. List Dniy dna cause do each classes or condition	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  220-56-8482  90. FACILITY NAME (II not institution, give street end number)  HARBOR HOSPITAL E.R.  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MARYLAND  ANNE ARUNDEL  100. STREET AND NUMBER  6426 D CENTENNIAL CIRCLE  11. MARITAL STATUS  1 Never Married 2 M Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last) LEWIS WINFIELD BELLINGER  190. INFORMANT'S NAME (Type/Print) DOLORES  BELLINGER  200. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removel from State  100. AGE (In yrs. lest birthded 100. AGE (In y	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  2 20-56-8482  90. FACILITY NAME (II not institution, give street end number)  HARBOR HOSPITAL E.R.  RESIDENCE OF DECEDENT  100. STATE  101. COUNTY  MARYLAND  ANNE ARUNDEL  102. STREET AND NUMBER  6426 D CENTENNIAL CIRCLE  11. MARITAL STATUS  1 Never Married  2 Merried  3 Widowed  4 Divorced  1972-1979  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12 College (1-4 or 5 +)  13 SCHOOL TEAC  14 SCHOOL TEAC  15. MAILING ADDRES  6426 D.  17. FATHER'S NAME (First, Middle, Last)  LEWIS WINFIELD BELLINGER  190. INFORMANT'S NAME (Type/Frint)  DOLORES BELLINGER  200. METHOD OF DISPOSITION 1 ME Burlet 2 Cremetton 3 Removel from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  PLACE  22. PART I. Enter the diseases, Dr compilicationa thet caused the deeth. Dp not enter chock, pr heart failure. List pniy pna cause pn each lina.	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  2.20—5.6—84.82  9. FACILITY NAME (II not institution, give street end number)  HARBOR HOSPITAL E.R.  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  ANNE ARUNDEL  10c. CITY, TOWN OR LOCAL  GLEN E  11. MARITAL STATUS  1 Never Married 2 X Merried  1 PYES, GIVE WARFOR DATES  1 Never Married 2 X Merried  1 PYES, GIVE WARFOR DATES  1 Specify only highest grade completed)  Elementary/Secondary (0-12)  1. FATHER'S NAME (First, Middle, Last)  LEWIS WINFIELD BELLINGER  19b. INFORMANT'S NAME (First, Middle, Last)  LEWIS WINFIELD BELLINGER  10b. CITY, TOWN OR LOCAL  GLEN E  11 Was DECEDENT EVER IN U.S. ARMED  If YES, GIVE WARFOR DATES  1 YES 2 NO  If YES, GIVE WARFOR DATES  1 On NOT use retired.)  SCHOOL TEACHER  19c. INFORMANT'S NAME (First, Middle, Last)  LEWIS WINFIELD BELLINGER  19b. MAILING ADDRESS (Street a 64.26 D. CENT  20b. PLACE AND DATE OF DISPOSITION (No completer, greenplay or other rises)  GLEN HAVEN MEMOR I  22c. NAME AI  1 SECO  23. PART I. Enter the diseasea, pr complications thet caused the deeth. Dp not enter the molehock, pr heart failure. Liet pnly png cause pn each line.	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  2. 20 - 56 - 8482  5. SEX  5. SEX  5. SEX  5. AGE (In yrs. last birthday)  F UNDER 1 YEAR  MONTHE  DAYS  MONTHE  DAYS  MONTHE  DAYS  MONTHE  DAYS  F UNDER  10 LOCATE  MONTHE  DAYS  FUNDER  10 LOCATE  BALTIMORE  (In city, Town or Location  GLEN BURNI  10 LOCATION  GLEN BURNI  10 LOCATION  GLEN BURNI  11 LOCATION  GLEN BURNI  12 LWAS DECEDENT EVER IN U.S. ARMED  FORCES?  1 LYES  10 LOCATE  11 LYES  12 LWAS DECEDENT EVER IN U.S. ARMED  FORCES?  1 LYES  13 LYES  14 LYES  15 LOCATE  16 DECEDENT'S USUAL OCCUPATION  (Glive kind of work done during most of working life. Do NOT use resided.)  SCHOOL TEACHER  17. FATHER'S NAME (First, Middle, Last)  LEWIS WINFIELD BELLINGER  190. INFORMANT'S NAME (Type/Print)  DOLORES  BELLINGER  200. PLACE AND DATE of DISPOSITION /Neme of Campleton of	### BURTON LEWIS  ### A. SOCAL SECURITY NUMBER   PLAN I	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  2. 20-56-8482  5. SEX  5. SEX  5. SEX  6. AGE (In yrs. lest birthday)  7. HARBOR HOSPITAL E.R.  96. FACILITY NAME (If not institution, give street and number)  96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  HARBOR HOSPITAL E.R.  RESIDENCE OF DECEDENT  106. COUNTY  MARYLAND  ANNE ARUNDEL  106. STATE  106. COUNTY  MARYLAND  ANNE ARUNDEL  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  FORCES?  1 TYES 2 NO  IF YES, GIVE WARTOR DATES  1 TYPES 2 NO  IF YES, GIVE WARTOR DATES  1 TYPES 2 NO  IF YES, GIVE WARTOR DATES  1 TYPES 2 NO  IF YES, GIVE WARTOR DATES  1 TYPES 2 NO  SPECIFY.  1 TYPES 2 NO  SP	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  5. SEX  6. AG  6. CITY  6. SED  6. CITY  6. S	BURTON LEWIS  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  9. FACILITY NUMBER  220-56-8482  1. DATE OF BIRTH (Month, Day, Bast)  1. CAST	BURTON LEWIS  BELLINGER  01 1 1994  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  5. SEX  6. AGE (in yrz. list) birthday)  6. BIRTH  220-56-8482  7. DATE OF BIRTH  (Mount), Doy, Burly  1. DAY  8. HOURS MAN.  1. DAY  8. BIRTH  (Mount), Doy, Burly  8. BIRTH  (Mount), Doy, Burly  1. DAY  8. BIRTH  1. DAY  8. BIRTH  1. DAY  1. DAY  8. BIRTH  1. DAY  1. DAY  8. BIRTH  1. DAY  1. D



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	TTENDING PHYS	CTOR: After this after death with	28 is marked,
	OR ATTENDING PHYS	DIRECTOR: After this hours after death with	item 28 is marked,
	SPITAL OR ATTENDING PHYS	IERAL DIRECTOR: After this in 72 hours after death with	T: If item 28 is marked,
	E HOSPITAL OR ATTENDING PHYS	E FUNERAL DIRECTOR: After this a within 72 hours after death with	RTANT: If item 28 is marked,
	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this certificate has been served in in unimous physician and completely filled in by the funeral director, page 5 should be detached for usu be filed within 72 hours after death with the State Dear, of the page 5 should be detached for usu	IMPORTANT: If Item 28 is marked, or item 23 shown or njury, or other traumatic event, the medical examiner must be notified at once.

PAUL TURER, M.D. 31. DATE FILED (MONTH, Day, Year)

JAN 0 4 1994

1 - STATE REGISTRAR	STATE OF I		ERTIF	ICATE	OF	DEAT	H	DE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Las	0			IOAIL	01	DEA	•••	2. DATE OF DE	ATH			3. TIME OF DEATH
MARY	ELLEN			BERKI	ERTI	DGE		() 1	DAY O 1	1	YEAR 94	10:00 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. is	est birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BI	TH		8. BIRTH	PLACE (State or Foreig
218-12-4822	1 🗌 M 2 💢 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	JULY 2	191	15	MARY	YLAND
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN O	R LOCATIO	ON OF DE				NTY OF D	EATH
NORTH ARUNDEL	HOSPITAL.	ASSOCTA	TTON		GLE	N BUF	NTF				Λ. /	A. COUNTY
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN				Y, TOWN OR	-						- A - I	
												10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	IE ARUNDEI		l GI	LEN BU		ZIP CODE			La		2511.05.11	1 TES 2 NO
7 WOODS AVENUE										0.00		VHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMEO	13 W		21061		IIC ORIGIN? (Spi		U.S.	_	
1 Never Married 2 Married		YES 2 🔯		lf :	yes, spe	city Cuba	n, Mexica	n, Puerto Rican,	etc.)	140-	Black	E — American Indian, k, White, atc.
3 Wildowed 4 Divorced	. 125, 6172	WIN ON DATES		>	TES	2 LANO	Specin	<i>r</i> :			Speci	CHEROKEI
15. OECEDENT'S ED (Specify only highest gra	DUCATION de completed!	16a. D	ECEDENT'S	USUAL OCC	CUPATIO	ON at wastele		16b. KIND	OF BUSINE	ESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	work done du se retired.)	ming mos	at or working		SDDT	NC CE	OUL	CTA	ATE HOSPIT
6	NONE	DI	ETARY	SUPI	ERV:	ISOR		SIKI	ING GIV	KOVE	SIF	ALE HOSELI
17. FATHER'S NAME (First, Middle, Last) DAVID EDWARD GRA	Y SENSTRA	JICH				18. MOTH	ER'S NA	ME (First, Middle, ELIZABE	Meiden Sun TH ST	mame) PROH	SE	
	T OBNOID!											
19a. INFORMANT'S NAME (Type/Print) ROY BERKERIDGE								Route Number, Cit				DVI ANDOI
20a. METHOD OF DISPOSITION							, KU				_	ARYLAND21(
1 Donation 5 Other (Specify)	moval from State			OF DISPOSIT				DATE /	20c. LOCAT	TION —	City or To	wn, Stata
		MEAD	OWR I	OGE ME	EMOR	RIAL	PARE	11994	ELKR	RIDG	E. M	ARYLAND
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	MEAD	ÖWR I I	22. N/	AME AN	D ADDRES	S OF FA	CILITY SIN	GLETC	ON F	UNEF	MARYLAND RAL HOME, LE,MD,2106
21. SIGNATURE OF FUNERAL SERVICE IN PROBLEM 1  23. PART I. Enter the diseases, or ahock, or heart fellure IMMEDIATE CAUSE (Final	r complications that	it ceused the duse on each lin	eath. Do r	1 S	SECC	DND A	VENU	JE, S.W	GLETO	ON F EN B	UNEF	RAL HOME, IE,MD.2106
21. SIGNATURE OF FUNERAL SERVICE IN PROBLEM 1. Enter the diseases, or shock, or heart fellure	r complications that	it ceused the duse on each lin	eath. Do r	1 S	SECC	DND A	VENU	JE, S.W	GLETO	ON F EN B	UNEF	RAL HOME, IE,MD.2106
21. SIGNATURE OF FUNERAL SERVICE IN COLUMN ASSESSMENT OF A COLUMN AS	r complications that it is complication that it is complication to the cause of the	it coused the dise on each lin	eath. Do re.	22. N/ 1 S	SECC	DND A	VENU	JE, S.W	GLETO	ON F EN B	UNEF	RAL HOME, IE,MD.2106
21. SIGNATURE OF FUNERAL SERVICE PROBLEM 1 23. PART I. Enter the diseases, or ahock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	r complications that it is complication that it is complication to the cause of the	it coused the dise on each lin	eath. Do re.	22. N/ 1 S	SECC	DND A	VENU	JE, S.W	GLETO	ON F EN B	UNEF	RAL HOME, IE,MD.2106
21. SIGNATURE OF FUNERAL SERVICE IN CONTROL OF FUNERAL SERVICE IN	complications that List only one cau	to coused the dise on each line (OR AS CONSE)	eath. Do re.  Arte  EQUENCE OF	1 State of the sta	AME AN SECCO	DND A	VENU	JE, S.W	GLETO	ON F EN B	UNEF	RAL HOME, IE,MD.2106
21. SIGNATURE OF FUNERAL SERVICE IN COLUMN 1 COL	a. DUE TO	it coused the dise on each lin	ORTH. DO 10 ORTH ORTH ORTH ORTH ORTH ORTH ORTH ORTH	1 S not enter the	AME AN SECCO	DND A	VENU	JE, S.W	GLETO	ON F EN B	UNEF	RAL HOME, IE,MD.2100
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21. SIGNATURE OF FUNERAL SERVICE PROBLEM 1.  23. PART I. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  d. DUE TO	to coused the dise on each line  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	ATTE	22. Not enter the	DIS	DND A  de of dyi  RESC	VENU	JE, S.W	GLETO	ON F EN B	UNEF	RAL HOME, IE,MD.210
21. SIGNATURE OF FUNERAL SERVICE IN COLUMN 1 COL	a. DUE TO  d. DUE TO	to coused the dise on each line  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	ATTE	22. Not enter the	DIS	DND A  de of dyi  RESC	VENU	DE, S.W	GLETO	ON FEN B	UNEF URNI	APPROXIMATE APPROXIMATE Intervel Betwoonset and D WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
21. SIGNATURE OF FUNERAL SERVICE PROBLEM 1.  23. PART I. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  d. DUE TO	to coused the dise on each line  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	ATTE	22. Not enter the	DIS	DND A  de of dyi  RESC	VENU	DE, S.W	GLETC , GLE r reapirate r reapirate	ON FEN B	UNEF URNI	APPROXIMATE, MD. 2100 Approximate intervel Betwoonset and D APPROXIMATE APPROX
21. SIGNATURE OF FUNERAL SERVICE PROBLEM 1.  23. PART I. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to Due to d. Due to	to coused the dise on each line  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	ATTE	1 Snot enter the	DIS	DND Ade of dying RASS	VENU	DE, S.W	GLETC , GLE r reapirate r reapirate	ON FEN B	UNEF URNI	APPROXIMATE, MD. 2106 Approximate intervel Betw Onset and D
21. SIGNATURE OF FUNERAL SERVICE IN CONTROL OF FUNERAL SERVICE IN	a. DUE TO  d. DUE TO	to ceused the duse on each fine (OR AS A CONSE (OR	enth. Do re.  Arte  EQUENCE OF  COURNEE OF  resulting	22. N/1 Smot enter the state of	AME AN AME	DND A  de of dyi  RESCUENCE  GRACE OF DE	VENU	Part I. 24a.	GLETC .,GLE r reapirate	ON FEN B	UNEF URNI	APPROXIMATE, MD. 2106  Approximate intervel Betw Onset and Do Onset an
21. SIGNATURE OF FUNERAL SERVICE IN CONTROL OF FUNERAL SERVICE IN	a. DUE TO  DUE TO  DOBA CONTRIBUTING TO	to coused the dise on each line  (OR AS CONSE  (OR AS A CONSE	COUENCE OF	22. N/1 Smot enter the state of	AME AN AME	DND A  de of dyi  Ref SC  Cause g  ACE OF DE	VENU	Part I. 24a.	GLETC .,GLE r reapirate	ON FEN B	UNEF SURNI est,	Approximate intervel Betwonset and D  Approximate intervel Betwonset and D  WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
21. SIGNATURE OF FUNERAL SERVICE IN CONTROL OF FUNERAL SERVICE IN	complications that it is complications that it is complications that it is complete.  B. DUE TO DUE TO DUE TO d.  DUE TO d.  DOI: 10 DUE TO DU	to coused the dise on each line (OR AS A CONSE (OR	eeth. Do re.  Arte COUENCE OF CO	22. N/ 1 S not enter the second of the secon	AME AN AME AME AN AME	DND A  de of dyi  RES 2  Cause g  ACE OF DE  B 5 Rei  RRY  RES 2	iven in	Part I. 24a.	GLETC .,GLE r reapirate	ON FEN B	UNEF SURNI est,	APPROXIMATE, MD. 2106 Approximate intervel Betw Onset and D  WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAIR OF DEATH?
23. PART i. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions in death cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	a. DUE TO  DUE	to coused the dise on each line  (OR AS CONSE  (OR AS A CONSE	eeth. Do re.  Arte COUENCE OF CO	22. N/ 1 S not enter the second of the secon	AME AN AME AME AN AME	DND A  de of dyi  RES 2  Cause g  ACE OF DE  B 5 Rei  RRY  RES 2	iven in	Part I. 24a.	AAS AN AUTOPERFORMER  (Street and (Street	ON FEN BROOM ATTOPSY ED?	UNEF URN 1 est,	Approximate intervel Betwoonset and D  WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUTOPS DEATH?  1 YES 2 NO
23. PART i. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final diseases or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined.	Tomplications the complications that it is not contributing to the contribution to the	It ceused the dise on each line  (OR AS CONSE  (OR AS A CONSE	COUENCE OF	22. N/ 1 S not enter the second of the secon	AME AN AME AME AN AME	DND A  de of dyi  QG SG  F. //  Cause g  ACE OF DE  S Rev  JRY AT  RICY  CONTRICT  CON	iven in	Part I. 24a.  1   1   24d.   1   24d.   1   24d.   24d.	GLETC , GLE r reapirate r reap	ON FEN BROOM	UNEF SURNI est,	Approximate intervel Betwoonset and D  WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUTOPS DEATH?  1 YES 2 NO
23. PART i. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final diseases or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions in the condition of the con	Tomplications the complications that it is not contributing to the contribution to the	It ceused the dise on each line (OR AS CONSE (OR AS A CONSE (OR AS	COUENCE OF	22. N/ 1 S not enter the second of the under t	AME AN AME AME AN AME	DND A  de of dyi  QG SG  F. //  Cause g  ACE OF DE  S Rev  JRY AT  RICY  and place,	iven in	Part I. 24a.  1   1   24d.   1   24d.   1   24d.   24d.	GLETC , GLE r reaptrate r reap	ON FEN B  Rory arrow  TOPSY  DRY OCC  Number :	UNEFURNI SURNI 24b.	Approximate intervel Betw Onset and Double Prior To County of Death?  1 YES 2 No
23. PART i. Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final diseases or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificent conditions in the condition of the con	complications that the complications that the complications that the complex contributing to the contribution	It ceused the dise on each line (OR AS CONSE (OR AS A CONSE (OR AS	COUENCE OF	22. N/ 1 S not enter the second of the under t	AME AN AME AME AN AME	DND A  de of dyi  QG SG  F. //  Cause g  ACE OF DE  S Rev  JRY AT  RICY  and place,	Iven in  EATN (Che and due and due and due and at the	Part I. 24a.  Part I. 24a.  1 Deck only one)  8 Other (Spec 28f. LOCATION City or Town	AAS AN AUTOPERFORMER YES 2	ON FEN B tory arro	UNEFOURN 1 24b.	APPROXIMATE APPROXIMATE APPROXIMATE INTERVEL Betwood Onset and Description of the completion of cause of death?

716 MAIDEN CHOICE LANE, #20/BALTIMORE, MARYLAND 21218

32. RESISTRAR'S SIGNATURE

Jakin Danies Rudale

IRON WORKER UNION

18. MOTHER'S NAME (First, Middle, Maiden Surname)

1848

funeral director, page 5 should be detached for use as the bunial-transit permit,

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

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examiner

(Specify only highest grade completed)

College (1-4 or 5 +) 4 yrs. (GRAD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

101 32. REGISTRAR'S SIGNATURE

THAM

JAN 0 4 1994

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31. DATE FILED (Month, Day, Year)

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

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ne faw requir	has been si	Dept. of He	n 23 show
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In The law requir	none has been si	The Dept. of He	Illem 23 show
The law requir	ir more has been si	The Arate Dept. of He	or item 23 show
The law requir	certificate has been si	In the date Dept. of He	the line 23 show
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R ATTENDING THE PART THE TAW REQUIR	RECTOR: when this common e has been si	urs after delta with the fine Dept. of He	m 28 is manner of them 23 show
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AL OR ATTENDING THE PART THE Taw requir	AL DIRECTOR: when this certificate has been si	2 hours after delice with the frace Dept. of He	If Item 28 is managed than 23 show
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THE HOSPITAL OR ATTENDING PROPERTY THE law requir	THE FUNERAL DIRECTOR: were the certificate has been si	filed within 72 hours after death with the fine Dept. of He	PORTANT: It item 28 is manner of librar 23 show
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94 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR n/a J. 94 RAYMOND DAM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 9-28-13 5. SEX 6. AGE (In yrs. last birthday 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR DAYS HOURS 522-01-1854 1 XXM 2 - F 80 NEBRASKA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH N/A BALTIMORE 321 CHARTER OAK AVENUE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD N/A BALTIMORE 1 💢 YES 2 🗌 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 321 CHARTER OAK AVENUE 21212 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yea, specify Cuban, Maxican, Puarto Ri 1 YES 2 XNO Specify: 1 Never Married 2 Married Specify: WHITE 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY

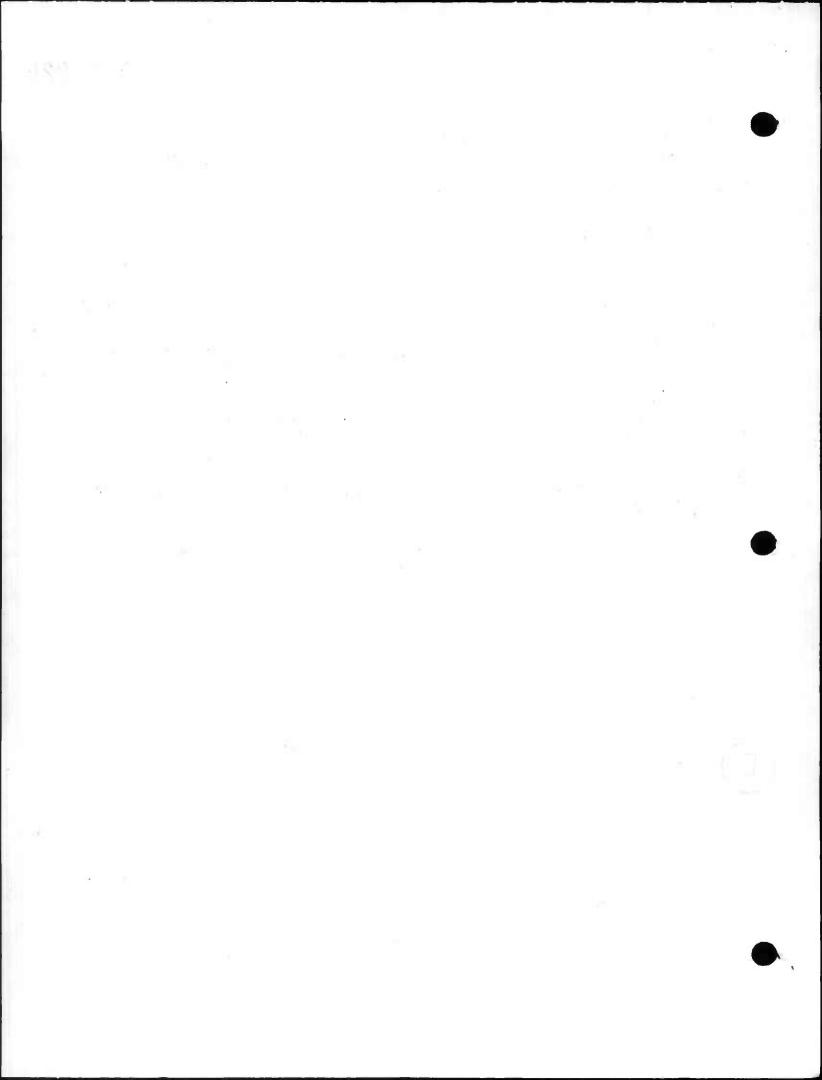
(Give kind of work done life. Do NOT use retired.)

IRON WORKER

JORGEN C. DAM INGER JORGENSEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CHARLES C. DAM 321 CHARTER OAK AVENUE/BALTIMORE, MARYLAND 21212 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 1 Burtai 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) GREENMOUNT CEMETERY BALTIMORE, MD 21. SIGNATURE AN FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I/Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 - YES 2 - NO 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determinad CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and plate. 29b. SIGNATURE AND TITLILOF CENTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Modify, Day, Year)

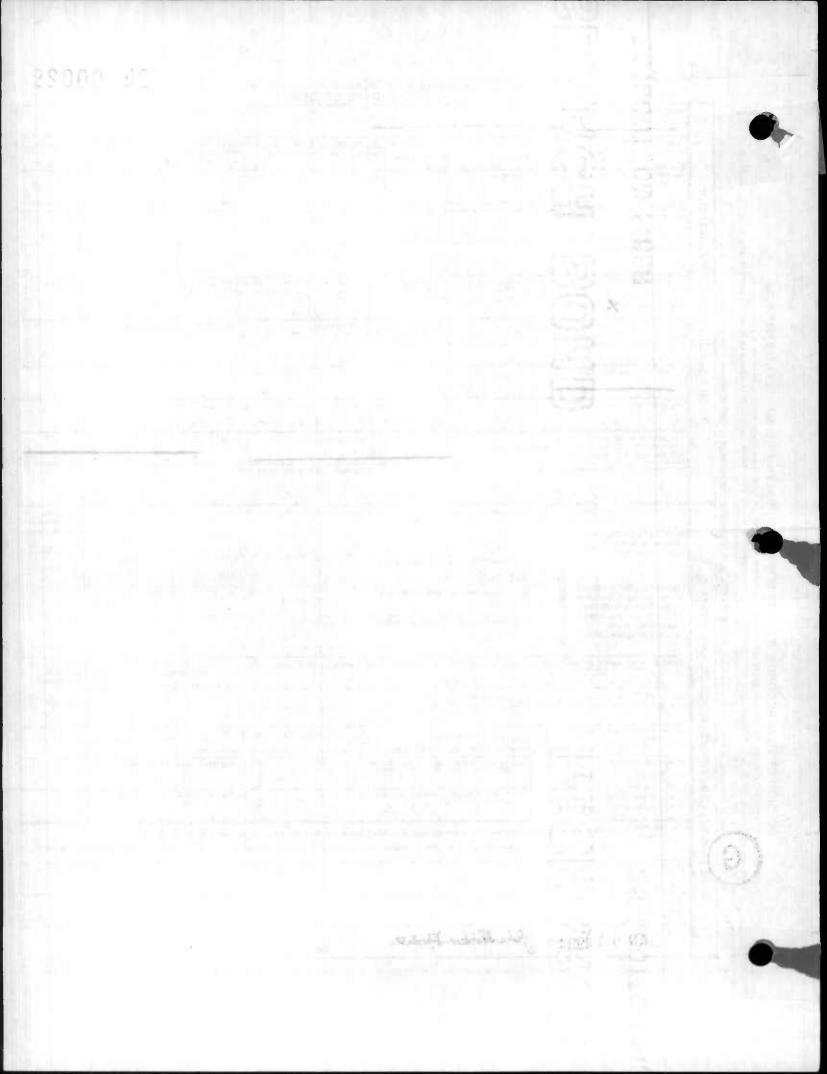
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ATE GISTRAR	1	STATE OF	MARYLAND / DEPARTMENT CERTIFICAT	NT OF HEALTH A TE OF DEATH

	1. DECEMENT'S NAME (First, MINOR), Las	Gary P		CATE OF DEATH	REG. NO.  2. DATE OF BEATH BAY	YEA	2. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	3 DEX S.A	IGE (In/yrs, text birthday)	IF UNDER 1 YEAR   IF UNDER 24 HIS	7. DATE OF BIRTH	94	MTHPLACE (State or Farm
	220-88-016	11 M 2 0 F	93 YAB. "	KONTHS DAYS HOURS MIN	Millianth Clinic Marcel of		9 Ho.MO
B	Se. FACSLITY NAME OF not institution give	s sprife and number)		SE. CON TOWN OR EDCATION OF	DEATH	SE. COUNTY O	F DEATH
СТО	RESIDENCE OF DECEDENT			Sallo			_
DIRECTOR	No. STATE 100. COUR	***	1000	TOWN OR LOCATION	TI TI		10d. INBIDE CITY
100	104. STREET AND NUMBER	1.	- VIETE	101, ZIP CODE	2-	10g. CITIZEN O	OF WHAT COUNTRY?
FUNERAL	49 XO (Agl P)	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13 WAS DECEMBENT OF HIS	PANIC ORIGIN? (Specify Yes o	0,0	IACE — American Indian.
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES, GIVE WAR O	YES 2 NO	If yes, specify Cuban, Mar 1 YES 2 NO Sp	ican, Puarto Rican, atc.)	B	Black, White, atc.
TED	15. DECEDENT'S EI (Specify only highest gra	ade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during most of working	16b. KIND OF BUSIN	IESS/INDUSTR	N /
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) UNKNOCUN		reares.	Sirect	Pire	) Joe Ker
CON	17. FATHER'S NAME (First, MigBle, Last)	Penton	1. A. 1 Dag	18. MOTHER'S	NAME (First, Middle, Maiden Su	ghame)	3.80
BE	199. INFORMANT'S NAME (Type/Print)	1	WELL POR	DDRESS-(Street and Number or Ru	Selile Number City or Town	State. Zin Code	1
5	Jamela Male	averest Will	ANS 52,00	8 Cithbert	the DAHo.	Mo	21215
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re	amoval from State	20b. PLACE AND DATE OF complery, crematory or other	appropriate the second propriate the second propria		TION - 213	O Woodlawn Di
	4/3 Donation 5 .Qther (Specify) 21. SIGNATURE OF FUNERAL SERVICE		XXXXXX	22. NAME AND ACCRESS OF	EACH VACAL	Myclo	The 4000
	V M	/ /			Loughest L. S. N. S. Tolk	J. Pr	
	1001 /10	Mot		1712/met	le all Astrol	inows !	18/2/2/19
	23. PART I. Enter the diseases, p	or complications that cause of	used the death. Do no	t enter the mode of dying, a	uch as cerdiec or respira	tory arreat,	
Į.	immediate cause (Fine)	e. Liet only one cause o	on each line.			tory arreat,	Intervel Bety
	ahock, or heart fellun	a. Comp	on each line.	Menin		tory arreat,	Intervel Bety
No	immediate Cause (Finel disease or condition resulting in death)	a. Comp	ton each line.	Menin		tory arrest,	Intervel Bety
ATION	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Our TO (OR )	ton each line.	Menin		tory arreat,	Intervel Bety
IFICATION	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (OR /	AS A CONSEQUENCE OF):	Mynn		tory arrest,	Intervel Bety
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AL CERTIFICATION	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (OR /	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	Mynn	in Part I. 24e. WAS AN AL	лорзу	Intervel Bets Onset and D  Ada  14 mo  24b. WERE AUTOPSY FIND
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are suiting in death LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending investigations are suited in the suiting investigation.	a. OUE TO (OR / DUE TO (OR / DUE TO (OR / C. OUE TO (OR / d.  HOSPITAL: 1   Impetient 2   ER/ 28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF INJ	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  The but not resulting in factor of the but not resul	26. PLACE OF DEATH  OTHER:  Nursing Home 5   Residen  WORK?  M   1   YES 2   NO	In Part I.  24a. WAS AN AI PERFORM  1  YES 2  (Check only one)  28d. OESCRIBE HOW INJ  28d. LOCATION (Street and	JTOPSY :	intervel Betwoen and Conset and C
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BALTIMORE, MARYLAND 21215-0020	Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	11-11		7	14.10	7	2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH
	HELL			HWSE	200	1 -	3 - 94	42
4. SOCIAL SECUR 094-20	-7637	5. SEX 1 □ M 2 🂢 F	6. AGE (In yrs. lest	YRS. IF UNDI	DAYS HOURS M	rns. 7. DATE OF BIRTH (Month, Day, Year) July 22,	Cou	THPLACE (State or Foundary)  Well York
	IE (If not institution, give		1777	9b. CIT	Y, TOWN OR LOCATION	OF DEATH	9c. COUNTY OF	DEATN
North	est Hospi	tal Cente	er		Randallst	own	Balt	cimore
Northweight Northw		roll Count	СУ	10c. CITY, TOWN	or location Sykesv	ille		10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND 7200 11. MARITAL STATE 1 News Marita	Third Ave	nue			101. ZIP CODE 217	84		WHAT COUNTRY?
11, MARITAL STATE  1 Never Marrie  3 Widowed	US d 2 Married	12. WAS DECEDEN	IT EVER IN U.S. ARI I YES 2 XN MAR OR DATES		. WAS DECENDENT OF H	ISPANIC ORIGIN? (Specify Y. lexican, Puarlo Rican, etc.)	ne or No — 14. RA	CE — American Indian, ack, White, atc.
9	15. DECEDENT'S EDI		16a. DEC	CEDENT'S USUAL	OCCUPATION	16b. KIND OF B	USINESS/INDUSTRY	
Elementary/Sec	Specify only highest grad condary (0-12)	College (1-4 or 5	Elfo.	ve kind of work done Do NOT use retired.  Teach		Educ	cation	
0 17. FATHER'S NAM	E (First, Middle, Lest)				18. MOTHER	'S NAME (First, Middle, Maide		
0 W500WW57	Gates	Markham	Minckler	r		Emma Stinso	on	
	S NAME (Type/Print)		19b	. MAILING ADDRE	SS (Street and Number or I	Rural Route Number, City or To	wn, State, Zip Code)	
P Mr. Wi	lliam Dul	any, Atto	orney 1	127 E. M	ain Street	Westminster	, MD 211	57
	Cremation 3 - Ren	novel from State	20b, PLACEA	AND DATE OF DISPO	SITION (Name of		OCATION — City or	Town, State
	United Specify Structure L	ICENSUL.	_   Carr		. NAME AND ADDRESS		Hampstear	a, MD
I V	Dian	2. H	right	_	HAIGHT FU	NERAL HOME e, MD 21784		
23. PART I. Ent	er the diseases, or	complications the	t caused the de	sth. Dp not ente	the made of dulan	such as cardles or rea		
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IMMEDIATE CA disease or con resulting in details in the cause of contract of the cause of contract of the cause of cause of the cause o	USE (Final dition seth)  at conditions, to immediate NDERLYING e or injury vents ath) LAST  significent conditions  OUT C FERRED TO MEDICAL NO  EATH  5 Pending investigation  8 Could not be determined	b. OUE TO  d. OUE TO	OF INJURY — At how edge, dar	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DOA   4   Ni  DOA   4   Ni  Z8b. TIME OF  INJURY M  me, farm, street, fa	anderlying cause give  Difficulty  26. PLACE OF DEAT  TR:  Insign Home 5   Reside  29c. INJURY AT  1   YES 2   N  ctory, office	In Part I. 24a. WAS A PERFECT OF THE PROPERTY	N AUTOPSY 2 PRMED?  INJURY OCCUREO t and Number or Rura enner as stated, and due to the cause	Ab. WERE AUTOPSY FINDINA AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?  1 YES 2 NO

MONTHWEST RAND AN STEN

HOSPITAL

•	- STATE REGISTRA
1	1. DECEDENT'S N
ı	4. SOCIAL SECUP

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFICA	TE OF D	EATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Tam JAMES D	D. DO	OOTSON	7 i i	2. DATE OF DI		YEAR 94	3. TIME OF OEATH  12 MO M
	/194-07-9737	5. SEX 6. AGE (In yrs. le	YRS. MONTH	B DAYS HO	UNDER 24 HRS. URS MIN.	7. DATE OF BII (Month, Day,		Count	IPLACE (State or Foreign DY) PENNSYLVANIA
TOR	99. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD RESIDENCE OF DECEMENT								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10 MARYALND HOWARD ELLICOTT CITY 1								
IERAL	10114 HOBSONS CHO	DICE LANE		10f. ZIP	21042	2	10g. Cl		VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IN YES, GIVE WAN OR DATES WWW. II				n, Puarto Rican,		14. RACI Blac Spec	E — American Indian, k, Whita, etc. //y: WHITE
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire FACTORY	ne during most of		F	OF BUSINESS/IN  IRESTON  RUBBER	E TIP	
8	17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
BE	WILLIAM DOOTS				MARY				
10		WIFE) 1		BSONS C	HOICE	LANE EI	LICOTT	CITY	21042 MARYLAND
	20a. METHOD OF DISPOSITION 1 Burlal 2 to Cremation 3 Ramon 4 Donation 5 Other (Specify)	val from Stata cemetery, cn	emetory or other ple	DRY 01-	04-94		20c. LOCATION - CATONSV		, MARYLAND
	21. SIGNATURE OF FU MANUERVICE LICE	MSEE	1		. & RUS	SSELL C			NERAL HOMES LE MARYLAND
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	DUE TO (OR AS A CONSE	OCAC COUENCE OF): MILLUS COUENCE OF)	Pial	Sufe	ty.			Approximata Interval Between Onset and Death
DICAL	PART II. Other significant conditions	till stap	resulting in the	underlying ca	use given in	A COLOR	WAS AN AUTOPSY PERFORMED? YES 2 2-80	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: ME	25. WAS CASE REFERRED TO MEDICAL	0	)	26. PLACE	OF DEATH (Ch	ack only one)		-	1 NES 2 THO
SIC		HOSPITAL:	OTH ADD		eused over the	S desails of	-det		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Matural 5 Pending	25s. DATE OF INJURY (Month, Day, Mar)	266. TIME OF INJURY	26c. INJURY WORK?			HOW INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At his building, etc. (Specify)	ome, farm, street,	fectory, office		281. LOCATION City or Res	(Street and Numbers, State)	ec or Rural I	Route Mumber
COMPLET	onel	IAN: To the best of my knowledge, d							a) and manner as stated.
BE	THE THE SULP	UD		29	c. LICENSE NUN	IDG U3	29d. OA	1/2/	Moren, Days Mary
2	Se NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	EM 27) (Typo, Print) 308 B	Baltin	tro Rai	H. PK.	Ellieb	HO	540
	31. DATE FILED WHITE Day Mary	32. REGISTRAR'S SIGNATURE	fordere	0.77.6					1

ARREST ON AND

**BALTIMORE, MARYLAND 21215-0020** 

TO THE ENVIRONAL DIRECTIONAL THE Law requires that the death certificate be executed within 24 inours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLIMETAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IN THE PORTION IN HERE 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1	1. DECEDENT'S NAME (First, Middle, Last)  MARY C. B. FORMAN	2. DATE OF DEATH MONTH O1-03-94 YEAR 7:15 A. M
	4. SOCIAL SECURITY NUMBER  5. SEX  1  MXX F 93 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  02-26-1900  VINGINIA
۳ ا	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DE	
20	MERIDIAN LONG GREEN BALTIMORE	CITY
DIRECTOR	MARYLAND 106. COUNTY 106. CITY, TOWN OR LOCATION BALTIMORE	CITY  10d. INSIDE CITY LIMITS?  XX YES 2 \( \text{NO} \) NO
FUNERAL	106. STREET AND NUMBER 115 EAST MELROSE AVENUE 2121	10g. CITIZEN OF WHAT COUNTRY?  U.S.A.
I SN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yee or No.— 14. RACE — American Indian,
B≼	1 Never Married 2 Married   FORCES? 1 YES TO If yes, specify Cuben, Maxical IF YES, GIVE WAR OR DATES   If yes, specify Cuben, Maxical I YES TO Specify Cuben, Maxical I YES TO Specify Cuben, Maxical II YES TO Specify Cuben, Maxical III YES TO S	
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16b. KIND OF BUSINESS/INDUSTRY
COMPLETED	12 YEARS SOCIAL SERVICES	HOSPITAL
	0.0000	ME (First, Middle, Meiden Surneme)  ORENCE BOWLES
TO BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural F	
F		BALTIMORE, MARYLAND 21210
	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20 PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  CDFPN MOTINITY MATICAL PIDE	OATE 20c. LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FAM	HILES   BALTO., MD.21202
		J. JENKINS & SONS
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such shock, or heert fellurs. List only one ceuse on each line.	n es cardiac or respiratory erreat, Approximete Interval Between
	immediate cause (Final disease or condition resulting in death)  a. a	Onset and Death
Z	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions,	
CERTIFICATION	if any, leading to immediate  cause. Enter UNDERLYING	
IFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
CER	resulting in death) LAST	
A.	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC		1 ☐ YES XX NO COMPLETION OF CAUSE DF DEATH?
		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Che	ick only one)
IS	1 YES 4 NO 1 Inpetient 2 ER/Outpetient 3 DOA TONURSING Home 5 Residence	
ВУ Р	28s. OATE OF INJURY (Month, Day, Year)  1 YES 2 NO  28s. OATE OF INJURY AT WORK?  1 YES 2 NO	284. OEŞCRIBE HOW INJURY OCCUREO
	3 Suicide 6 Could not be determined  26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)
COMPLETED	29e. CERTIFIER (Check only XX) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due one)  MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the	
l w l	29b. SIGNATURE AND TITLE OF CENTERER 29c. LICENSE NUM	
10 B	Fort 1 23 D338	797 ▶ 01-03-94
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  ROBERT J. VISSING M.D., 4300 NORTH CHARLES	CM DATEMODE NO 21210
	31. DATE FILEO (Month Day Visit) 32. DECISTRAD'S SIGNATURE	SI., DALII IMUKE, MD. 21210
	JAN 0 4 1994 Julie Meridian Rinder	

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BALTIMORE, MARYLAND 212	certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or a
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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	NERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fining the fours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	NT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Leet)				IOAI	E OF	DEAI	-	2 DATE	REG. NO	D	1	. TIME OF DEATH
	Margaret	nte					Ja	TH I	O1	1994	3:15 P		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I			R 1 YEAR	IF UNDER		7. DATE	OF BIRTH	1	8. BIRTHPI	ACE (State or Foreign
	220-48-0855	1 □ M 2 🔀 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.		ne 24	1904	Country) Ma	ryland
_	9a. FACILITY NAME (If not institution, give s			9b. CIT	Y, TOWN DR	LOCATIO	ON OF DE				NTY OF DEA		
5	Stella Maris	5				To	wson	1			E	Baltin	nore
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	DR LOCATIO	ON					1	Od. INSIDE CITY
ā	Maryland 5	alto			Bal	timor	ce					1	LIMITS?
FUNERAL	10e. STREET AND NUMBER					10f. 2	ZIP CODE				10g. CITI		AT COUNTRY?
Ä	6401 Loch Raven						212	39			1	U.S.A	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FDRCES? 1	T EVER IN U.S. A	RMED	13.					N? (Specify Ye Rican, etc.)	e or No-	14. RACE - Black, 1	- American Indian, White, atc.
B	Not Wildowed 4 □ Divorced	IF YES, GIVE W	AR DR DATES	21		1 YES 2		Specify				Specify:	White
	15. DECEDENT'S EDUC			ECEDENT'S					166	. KIND OF BU	JSINESS/IND	USTRY	
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of te. Do NOT u	work done se retired.)	during most	of working	g	10.00				
COMPLETED	8			Hou	sewi	fe							
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First,	Middle, Maide	n Sumame)		
BE	Richard Brown	n								laughe			
임										ber, City or To	wn, State, Zip	Code)	
	Joseph Fonte 7311 Old Harford Rd. 21234  20e. METHOD OF DISPOSITION OF DISPOSITION OATE 20e. LOCATION — City of Town, State												
	1 D-Buriel 2 Cremation 3 Removal from Stata camelon or other places												
	A C Donation 5 Other (Specify) New Cathedral Cemetery 1/5/94 Baltimore, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Mitchell—Wiedefeld Home Inc.												
	Robert M. Kratz	(Kalest	m. K	at	M	650	TT-A	vied	eier	d Home	e Inc.		
	23. PART i. Enter the diseases, or o	omplications the	-	- 6			$\nu$	ork	Rd.	21212			
	Snock, or near tellure.	11.4	t caused the d	teath. Do	not ente					21212 diec or resp	piratory are	est,	Approximate
	IMMEDIATE CAUSE (Final	List Dnly Dne cau	se on each lin	seath. Do	not ente						piratory are	est,	Approximate Interval Between Onset and Death
		List Dnly Dne cau	se on eech lin	ie 🔾		the mode					piratory are	est,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	a. Myoca	se on each lin	Infar	ctio	the mode					piratory are	est,	Interval Between
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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending to	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the thours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	Ham 20 is marked as item 23 shaws any injury as other fraumatic exact the medical eventions must be existed at seve
ATTENDING PHYSICIAN	ECTOR: After this certific s after death with the S	n 28 is marked or
L OR	DIR	Ban

94 00034 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH January 3, HAZEL CATHERINE GUARD 12:10 a M 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS MIN. 1 M 2 V 216-16-5819 87 August 15, Maryland 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Westminster Nursing Home Westminster Carroll RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll Hampstead 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3428 Shiloh Road 21074 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY Specify: white 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION

\*\*Chan kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Switchboard Operator Baker-Watts 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Emerson C. Richardson Susie V. Collins BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rurat Route Number, City or Town, State, Zip Code) 9 H. Catherine Shaffer 3428 Shiloh Road Hampstead, MD 21074 20s. METHOD OF DISPOSITION
1) Burlal 2 | Cremation 3 | Red
4 | Donation 5 | After (Specify) A 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Gemetery, cremetory or other place)
Moreland Memorial Park Jan 6 Baltimore, Maryland 11. SIGNATURE OF PONERAL SETVICE LIBERGEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home Thomas Joseph Bozek 6500 York Rd. Baltimore, MD 21212 23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or reapiratory arrest, ahock, or heert failure. List only one cause on sech line. Approximata Interval Betw **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Congestive Hourt Frifais reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Afla, 250/2, 2 fil MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not recuiting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE . 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? Secre 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 1 NO 4 Nursing Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural M 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is m 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the filme, date end place, end due to the cause(e) and menner se stated. = 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

MO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Moss

M.D.

29c. LICENSE NUMBER

114 Business Center Drive, Reisterstown, MD 21136

132 280

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit power 1.2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A DECEMBER SAME (FIRST ALMORE SALES)  A SECONAL SECONAL SECONAT NAMEBER & SECONAL SECONAT NAMEBER & SECONAL SE		REGISTRAR		CEF	TIFI	CATE OF	DEATH	RE	G. NO.			
A SPOOL SECURITY NUMBERS  4. SPOOL SECURITY NUMBERS  2.15 2.2 6.416   10 = 28 F   93   YES   93   YES   NOTE   YES   YES		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D		1-		3. TIME OF DEATH
A SEC AS CASCIPIT MAMBER   S. SEC   S. ACC (a) PER INCH AND PROMISED A		Alve	rta Sara	h Coro				JA		1.0	4	4:05A
215 22 64 16   1		4. SOCIAL SECURITY NUMBER	5. SEX		rthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	-	1	8. BIRTH	PLACE (State or Forming
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3 December 1 December 2 December	E I		TY	- 1	Oc. CITY,	TOWN OR LOCAT	ION					10d. INSIDE CITY
3 December 1 December 2 December	1	Maryland Carr	roll Coun	tv		Finkehn	ra					LIMITS?
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3 December 1 December 2 December	2	2221 Pollingor	Mill Don	3				10		log. Ciriz		
3 December 1 December 2 December	Z		The second second		0	40 WHO DEOL						
The State of Principle of State of Principle of State of			FORCES? 1	YES 2 NO		if yes, spe	cify Cuban, Mexi	can, Puerto Rican,	etc.)	or No-	14. RACE Black	— American Indian, White, atc.
September   Sept	BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYES	2 [] (O Spec	city:			Specif	w. White
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198. NACIONALTE NAME (Type/Price)   198. NAM	Ö							man national				
Mr. Robert P. Gore  16 Fox Meadow Garth Westminster, MD 21157  28a, METHOD OF DISPOSITION   Property   Propert	BE		owder.	Lange of the same								
TIT. RODERT P. SOPE  TO FOX MEAGOW GATTH WESTIMISTER, MD 21157  20, METOD OF IDENDITY OF COMPANIENT CONTROL City of Town, State of Town, Stat	2											
1   Standar 2   Cremetton 3   Chemother State   Committer, community, control princed   Providence   Committer, Committer, Committer, Canada, Call   Committer, Call			ore									
21. SIGNATURE OF PUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACULTY HATCHTT FUNERAL HOME (P.O. BOX 195) SVKESVIIIe, MD 21784 (410) -795-1400  23. PART II. Enter the diseases, or complications that dusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. Let only one cause on each line.  MMEDIATE CAUSE (Final disease or conditions on the cause of the cause		1 Buriel 2 Cremation 3 Rem	noval from State				me of	OATE	20c. LOC			
HAIGHT FONERAL HOME (P.O. Box 195)  32. PART I. Enter the diseases, or complications that/pdused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final Research or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final Research or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final Research or respiratory arrest, shock or respi				Provi	dend				994	Fin	ksbu	rg, MD
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22 PART I. Enter the diseases, or complications their_disease the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches and possible shock, or heart failure. Lief only one cause on each line.  IMMEDIATE CAUSE (Final disease or conditions and possible shock)  Sequentially list conditions, if any, iseding to immediate any iseding to immediate any iseding to immediate any that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (The two states of the conditions are resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1 Over The conditions are resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Over The Conditions of the conditio		- Druan C	X. Hal	glos								
MMEDIATE CAUSE (Final disease or conditions, resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE T		23. PART I. Enter the diseases, or	complications that	paused the death	. Do no	ot enter the mod	da of dying, su	ich aa cardiac d	or reapir	atory arre	at,	
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PERFORMED?    AMAILBLE PRIOR OF CAUSE OF DEATH   1   YES 2   NO   NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IDEM 27) (Type, Print)    PERFORMED?   AMAILBLE PRIOR OF CAUSE OF DEATH (IDEM 27) (Type, Print)   1   YES 2   NO   NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IDEM 27) (Type, Print)   26. PLACE OF DEATH (IDEM 27) (Type, Print)   1   YES 2   NO   NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IDEM 27) (Type, Print)   26. PLACE OF DEATH (IDEM 27) (Type, Print)   1   YES 2   NO   NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IDEM 27) (Type, Print)   26. PLACE OF DEATH (IDEM 27) (Type, Print)   1   YES 2   NO   NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IDEM 27) (Type, Print)   26. PLACE OF INJURY AT   WORK?   26. LICENSE NUMBER   26. LICENSE NUMBER   26. DATE SIGNED (Month, Day, Year)   26. PLACE OF INJURY AT   WORK?   26. LICENSE NUMBER   26. LICENSE NUMBER   26. LICENSE NUMBER   26. DATE SIGNED (Month, Day, Year)   26. PLACE OF DEATH (IDEM 27) (Type, Print)   26. PLACE OF D	2	DART II Oak a alas Marana a an Mala										
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Netural   S   Pending   28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. INJURY   MORK?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural   S   Pending   29. Accident   Investigation   3   Sulcide   8   Could not be   4   Homicide   determined   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. CERTIFIER   Check only   28e. DESCRIBE HOW INJURY OCCURED   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. CERTIFIER   Check only   28e. DESCRIBE HOW INJURY OCCURED   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. CERTIFIER   Check only   28e. DESCRIBE HOW INJURY OCCURED   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. CERTIFIER   Check only   28e. DATE SIGNED (Month, Day, Year)   28e.	¥	PART II. Othar significant condition	na contributing to	death but not resu	ulting in	the underlying	cause given i	n Part i. 24s.			24b.	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Netural   S   Pending   28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. INJURY   MORK?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural   S   Pending   29. Accident   Investigation   3   Sulcide   8   Could not be   4   Homicide   determined   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. CERTIFIER   Check only   28e. DESCRIBE HOW INJURY OCCURED   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. CERTIFIER   Check only   28e. DESCRIBE HOW INJURY OCCURED   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. CERTIFIER   Check only   28e. DESCRIBE HOW INJURY OCCURED   28e. PLACE OF INJURY   At home, farm, street, factory, office   28e. CERTIFIER   Check only   28e. DATE SIGNED (Month, Day, Year)   28e.	ă	PCI	DADI		•	1		1 🗆	YES 2	& NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?    YES   NO	¥	1200	JORE WI		A	2						
2   Accident   Investigation   Investigation   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)	ä											
2   Accident   Investigation   2   Accident   Investigation   3   Suicide   5   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29e. CERTIFIER (Check only   CHeck only   CERTIFIER (Check only   CHeck only   CH	ĕ I		HOODITAL				ACE OF DEATH (C	Check only one)				
2   Accident   Investigation   Investigation   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)	Š			ER/Outpetlant 3 🗆			5 🗆 Realdence	6 Other (Spe	city)	ON	1	HOME
2   Accident   Investigation   2   Accident   Suicide   5   Could not be determined   28s. PLACE OF INJURY — At home, farm, street, factory, office   28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29s. CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.   29s. SIGNATURE AND THE OF CERTIFER   29d. DATE SIGNED (Month, Day, Year)   29s. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29s. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29s. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d. DAT	£ 1		28a. DATE OF	NJURY 26	Bb. TIME			-	-	JURY OCC	URED	
29a. CERTIFIER (Check only MEDICAL EXAMPLE)  29a. CERTIFIER (Check only MEDICAL EXAMPLE)  29b. SIGNATURE AND THE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)			(	,. 10/	11130							
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE	~ II			IMILIEV - At home	ferm, str	eet, factory, office		281. LOCATION	(Street at	nd Number o	or Rural Ro	oute Number,
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE		3 Suicide 8 Could not be	28e. PLACE Of	tc. (Specify)								
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE		3 Suicide 8 Could not be	28e. PLACE Of building, of	tc. (Specify)				City or low	ri, State)			
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE		3 Suicide 8 Could not be determined	bullaing, i	ис. (эреспу)	occurred	at the time date	and place, and de			nas aa alala		
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Typo, Print)  ARICOFE, M.D. 104. N. MAIN; Union Bridge Md.		3   Sulcide 4   Homicide 8   Could not be determined  29a. CERTIFIER (Check only CERTIFYINO PHYS	ICIAN: To the best of	my knowledge, death				se to the cause(a)	and manr			and manner as stated
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DEM 27) (Typo, Print)  ARICOFE, M.D. D. J. V. MAIN; Union Bridge Md.	COMPLETED	3   Suicide 4   Homicide 8   Could not be determined  29a. CERTIFIER (Check only Suicide) MEDICAL EXAMEN	ICIAN: To the best of ax	my knowledge, death			eath occured at th	ue to the cause(a) se time, data and p	and manr	due to the	cause(a)	
W-H- CARICOFE, M.D. 104. N. MAIN; Union Bridge Md.	COMPLETED	3   Suicide 4   Homicide 8   Could not be determined  29a. CERTIFIER (Check only Suicide) MEDICAL EXAMEN	ICIAN: To the best of ax	my knowledge, death			eath occured at th	ue to the cause(a) se time, data and p	and manr	due to the	cause(a)	
	BE COMPLETED	3   Suicide 4   Homicide  8   Could not be determined  29a. CERTIFIER (Check only DIE)  WEDICAL EXAMENT  29b. BIGMATURE AND TITLE OF CERTIFIER	ICIAN: To the best of an	my knowledge, death	etigetion,	In my opinion, de	eath occured at th	ue to the cause(a) se time, data and p	and manr	due to the	cause(a)	
III 31 DATE FILED (Month Day Ward 22 DECERTRADE COMATURE	BE COMPLETED	3   Suicide 4   Homicide  8   Could not be determined  29a. CERTIFIER (Check only DIE)  19b. SIGNATURE AND TITLE OF CERTIFIER	ICIAN: To the best of an	my knowledge, death	etigetion,	In my opinion, de	eath occured at th	ue to the cause(a) se time, data and p	and manr	due to the	cause(a)	
131. DATE PILED (MOTHIN, Day, 1981)  132. REGISTRAR'S SIGNATURE	BE COMPLETED	3   Suicide 4   Homicide 8   Could not be determined  29a. CERTIFIER (Check only MEDICAL EXAMENT  29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WH	ICIAN: To the best of ax	my knowledge, death amination and/or invest E OF OEATH (DEM 27	etigetion,	In my opinion, de	eath occured at th	ue to the cause(a) se time, data and p	and manr	due to the	cause(a)	Month, Dev. Year)

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physician.	eartending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Par	
hat the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician	use as the	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Mary Eleanor - bodwin GOODWIN 01 4. SOCIAL SECURITY NUMBER . AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 M 2 F YRS. 212-01-8160 07-02-15 Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1204 WESTERLEE PLACE CATONSVILLE RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 19c, CITY, TOWN OR LOCATION MARYT AND BALTIMORE CATONSVILLE 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1204 WESTERLEE PLACE 21228 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS 1 Never Married 2 Merried 1 TYES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 SECRETARY LEGAL SECRETARY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) FREDERICK E. JOHNSON ETTA FRANCIS MARY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) FREDERICK GOODWIN (SON) 3102 DORAL COURT ELLICOIT CITY MARYLAND 21042 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION -- City or Town, State DATE NEW CATHEDRAL CEMETERY 1/6/94 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Lussees LEROY M. & RUSSELL C.WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE CATONSVILLE 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition OROWZUY Av reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) 40 Cordis Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Five onges DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 8 □ Residence 6 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 DOA 1 TES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ee stated.

(Check only one)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND T THE OF CENTRAL 29c. UCENSE NUMBER 132319 29d. DATE SIGNED (Month, Day, Year)

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30. NAME AND ADDRESS	OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)
	. 0.		

Rzymond Plack MO 3449 Wilkens Ave

31. DATE FILED (Month, Day, Year) JAN 0 4 1994

94

YEAR

94

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3. TIME OF DEATH

MARYLAND

1 - YES 2 NO

8. BIRTHPLACE (State or Foreign

BALTIMORE

U.S.A.

Specify:

14. RACE — American Indian, Black, White, etc.

WHITE

MARYLAND

Approximata Interval Between

Onset and Death

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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	/GIENE
RAR	CERTIFICATE OF DEATH	G NO

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1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGI REG.	FIAF	94 0003		
1. DECEDENT'S NAME (First, Middle, Last Eugene	st)	Hans	en		2. DATE OF DEATH		3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER  542-16-1752  98. FACILITY NAME (If not institution, given	1 JM 2 - F 8	(In yrs. last birthday)	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Mar 1, 1	2909 1	I. BIRTHPLACE (State or Foreign Country) Nevada		
Fairfield Nur	sing Home			nsville	EATH		e Arundel		
10a, STATE 10b, COU		10c. CTO	TOWN OR LO	ation 11e			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
104. STREET AND NUMBER	Fairfield	Loop Ro		101. ZIP CODE 21032		10g. CITIZE	N OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ₩ YES IF YES, GIVE WAR OR WW	S 2 NO Dates	If yes,	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 0 Specifi	in, Puerto Rican, etc.	Yea or No 1	4. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed)  College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPA ork done during o retired.)	TION most of working	16b. KIND OF	BUSINESS/INDU	STRY		
8 17. FATHER'S NAME (First, Middle, Last)	consign (int or 3 m)	Chef				estaura	ants		
George Hansen				ME (First, Middle, Mai stina Ha					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	Route Number, City or		lode)			
Gene Hansen		2991	Sout	haven Dr	. Annap	oolis,	MD 21401		
20s. METHOD OF DISPOSITION  1		b. PLACE AND DATE O		Name of	DATE 20c.	LOCATION — CH	ty or Town, State		
21. SIGNATURE OF FUNERAL BERYCE	Harelesta	Metro Cr	Har-	desty Fu	neral H		4-11-11		
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e	2 M P		na			Interval Betw Onset and Dr		
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF							
PART II. Other significent condition Alak	lons contributing to deeth	but not resulting in	the underly	ing ceuse given in	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF OEATH (Ch	eck only one)				
1 YES 2 NO	1 Inpatient 2 ER/Ou 26s. DATE OF INJURY		4 Nursing H	ome 5 Realdenca		W IN HIEV OCCU	BEO.		
1 Netural 5 Pending Investigation	(Month, Day, Year)	INJU	M 1	YES 2 NO	200. DESCRIBE NO	SCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not b 4 Homicide determined	building, etc. (Sp.	IY — At home, farm, s ecify)	reet, factory, of	261. LOCATION (Str. City or Town, St	OCATION (Street and Number or Rural Route Number, Sity or Town, State)				
	YSICIAN: To the best of my kno								
296. SIGNATURE AND TITLE OF CENTIF				29c. LICENSE NUA			NGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON V	ecoura, a	O		0198	58		13/94		

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DIVISION OF VITAL RECORDS,	is On Afferdance Duvernians The law seeding that the death satisficate he eventled with
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IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a purish are feather by the hospital of attending physician.	THY FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OGTANT: I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NDING PHYSICIL	: After this cert r death with the	is marked, o
OR ALTEN	DIRECTOR hours after	Item 28
THE HOSPITAL OR ALTER	FUNERAL within 72	DRITANT: H
Ė	100	2

00038 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 94 ohn torne 6. BIRTHPLACE (S 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIETH (Month, Day, Year) DAYS HOURS MIN. 5-07-13 South 215-14-8390 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Baltimore DIRECTOR Heridian 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD 1 YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8710 Emerge Road 21234 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Special Black 3 Wildowed 4 Divorced BY ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL unknown unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) unknown unknown BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Artie Shaw 861 Park Ave., Baltiomre, MD 21201 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Zion Cemetery 1/4/94 Lansdown, 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SHAVICE LICENSEE Albert P. Wylie F/H Street, Balto.MD21217 638 N. Gilmor 23. FART I. Entar tha diseases, or complications that caused tha death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Intarval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition arrinoma -07 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Keumene 1 TYES 2 NO OF DEATH? emented 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Naturat 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 210

lus lu 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

296 SIGNATURE AND TITLE OF CERTIFIER

BE

8604 Hov 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

BE

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296. SIGNATURE AND TITLE OF CERTIFIER

JAN 04 1994

Ruelsen MO.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SISTER PIERRE DR; SUITE 105

32. REGISTRAR'S SIGNATURE

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Rois E.

31. DATE FILED (Month, Day, Year)

120

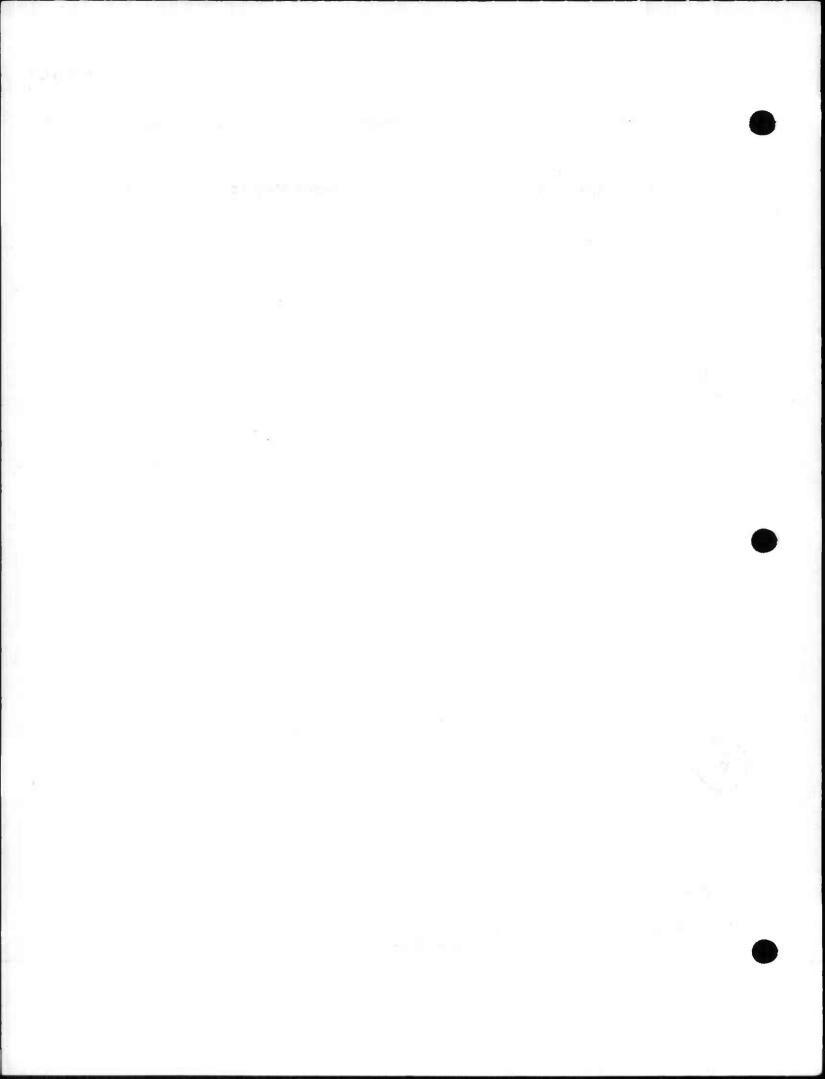
00039 FOR STATE REGISTRAR 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Theima GRACE YEAR Hanson AL BAN 3:55 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH DAYS 1 M 2 XF 215-05-5388 78 JUNE 10 MARYLAND 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Saint Joseph Hospital Towson, Maryland Baltimore Pages 1, 2, RESIDENCE OF DECEDENT toe. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY BALTIMORE MARYLAND 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2715 CHRISTOPHER AVENUE 21214 USA funeral director, page 5 should be detached for use as the burial-transit attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 TES 2 X NO Specify: ВҰ Specify: 3 Widowed 4 Divorced WHITE ETED 16e. DECEDENT'S USUAL OCCUPATION ts. DECEOENT'S EDUCATION pecify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY (Spe retained by the hospital or College (1-4 or 5 +) COMPL 12 CONSTRUCTION **BOOK KEEPER** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Ħ JOSEPH C. ALBAN ADDIE M. HEFLEIN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DONALD F. HANSON 2809 GARNET ROAD BALTIMORE, MD. 21234 pe ě 20a. METHOD OF DISPOSITION death. Page 6 may OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must Donation 5 Other (Specify) PARKWOOD CEMETERY 1/4/94 BALTIMORE. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
LEONARD J. RUCK INC JOHN E. DOLAN 5305 HARFORD ROAD BALTIMORE, MD. 21214 filled in by the f the medical 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. Approximete ahock, Dr heart fallure. List only one cause on each line. Interval Between cremation, or **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition in and completely fi to burial, cremation INTRACEREBRAL HEMORRHAGE 2 WEEKS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) the death certificate be executed FIBRILLATION WITH RAPID VENTRICULAR ATRIAL traumatic 2 WEEKS CERTIFICATION Sequentially list conditions. RESPONSE. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause, Enter UNDERLYING CAUSE (Disease or Injury other QUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 9 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PNEUMONIA shows any 1 TES 2 NO CHRONIC OBSTRUCTIVE PULMONARY DISEASE 1 TES 2 NO t, of h CONGESTIVE HEART FAILURE
25. WAS CASE REFERRED TO MEDICAL has by Dept. MP. 23 The 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 TES 2 NO PHYSICIAN: inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Maturel 5 Pending 1 YES 2 NO OR ATTENDING Investigation 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is ÉTED 8 Could not be DIRECTOR: hours after 4 Homicide datermined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL HOSPITAL (FUNERAL I within 72 h 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steted.

29c. LICENSE NUMBER

TOWSON, MO 21204

38327

29d. DATE SIGNEO (Month. Day, Year)



HIGHTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a few death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FIRANT: It less 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00040 94

	REGISTHAR			ENTIF	ICALI	E UF	DEAL	П	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY		3. TIME OF DEATH
	Margueri	te The	resa	Jone	S				Jan.		994	12P.M. w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 26	4 HRS	7. DATE OF BIRTH			LACE (State or Foreign
	220 05 0000	1 🗆 M 2 💟 F		**	MONTHS	DAYS		MIN.	(Month, Day, Year		Country)	
	220-05-0089		96	)			May 25,1897 Maryland					
~	9e. FACILITY NAME (If not institution, give st	,			9b. CITY, TOWN OR LOCATION OF DEATH						ITY OF DE	НТА
DIRECTOR	Meridian-Long Gr	reen Nurs	ing Cen	ter	E	Balt	imore					
5				_								
1 2 1	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
	Maryland			l E	Balti	more	9					1 X YES 2 NO
AL A	10e. STREET AND NUMBER  6515 Glenoak Avenue  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 1 If yes, specify Cuben, Mexican, Puerto Ricen, etc.)											HAT COUNTRY?
H	6515 Glenoak Avenue 21214 United States											d States
3	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Ind											
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	- I - X	If yes, spe	ecify Cuban,	Mexical	n, Puarto Ricen, etc.			— Americen Indien, While, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE W	AH OH DAIES			1 L YES	2 (X NO	Specify	:		Specify	White
۵	15. DECEDENT'S EDUC	CATION	180 06	CEDENT'S	LISUAL O	CCLIBATIO	M.		145 KIND OF	BUSINESS/IND	HETEV	MILLOC
I	(Specify only highest grade	completed)	(G	ive kind of u	work done	during mo:	st of working		IOD. KIND OF	BOSINESSAIND	USINI	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+	)				4					
COMPLETED					rica	11	1.1			urance		
8 8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Mai	den Sumame)		
BE	Theodore C. Sc	chleeter					L Lo	ouis	sa Gabel			
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number o	r Rural F	loute Number, City or	Town, State, Zip	Code)	
2	Robert T. Jones	3		6515	Gle	enoak	< Aver	nue	Baltimo	re. Ma	rvlar	nd 21214
	20e. METHOO OF DISPOSITION		20b. PLACE							LOCATION —		
3	1 X Buriel 2 Cremation 3 Remo	oval from State						Cem	1-6-94	Baltimo	ore.	MD.
5	21. SIGNATURE OF FUNERAL SERVICEVIC	ENSEE lob									,	
	22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.											
5	5305 Harford Road Baltimore, 21214											
	23. PART I. Enter the diseases, or o	complications that	caused the de	eath. Do r	ot enter	the mo	de of dvine	g. auch	as cerdiec or re	spiratory arr	eat.	Approximate
	shock, or heart fellure.	List only one cau	se on each line	Ð.								Interval Between
	UNIMEDIATE CAUSE (Finel disease or condition											
	resulting in death)  a. $ASCVD$											
		DUE TO	OR AS A CONSE	OUENCE O	F):							
Z	Sequentielly list conditions,	nyp	ellens	uon								
CERTIFICATION	If any, leeding to immediate	qyE/to	OR AS A CONSE	QUENCE O	F):							
0	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c										
	that initiated eventa	DUE TO	OR AS A CONSE	OUENCE O	F):							
E	resulting in death) LAST	d										
	7457 11 011 11 11										_	
EDICAL	PART II. Other significent condition	s contributing to	death but not i	resulting	in the ur	nderlying	ceuse giv	ven in	Part I. 24a. WAS PER	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	DJU SPINE								1 YES			COMPLETION OF CAUSE OF GEATH?
	MALNUTRITTON								-		- 1	YES 2 NO
. W									_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEA	TH (Chr	or only one)			
<u> </u>	EXAMINER?	HOSPITAL:	mil = 1		ОТНЕ	A:						
S ≥	1 YES 2 NO	1 Inpetient 2						dence	6 Other (Specify)			
F	1 Netural 5 Pending	28a. DATE OF (Month, De		28b. TIM	E OF URY	28c, INJ	URY AT RK?		28d. DESCRIBE HO	W INJURY OCC	URED	
à	2 Accident Investigation				М	1 🗌 Y	rES 2 🗌	NO				
	3 Suicide 8 Could not be	28e. PLACE Of	F INJURY — At ho atc. (Specify)	ome, ferm,	treet, fac	tory, office			281. LOCATION (Str		or Rural Ro	ute Number,
COMPLETED	4 Homicide determined		ator (oppony)						City or Town, St	are)		
	290. CERTIFIER	CIAN. To the best of		1465								
₹		CIAN: To the best of										
ରୂ	2 MEDICAL EXAMINE	H: On the basis of sx	amination and/or	investigatio	n, in my o	opinion, d	eath occured	at the	lime, data end place	, end dua to the	e ceuse(e)	end menner ee stated.
H	296. SAGNATURE AND PITLE OF CENTIFIER						29c. LICEN	SE NUM	IBER	29d. DATE	SIGNEO (	Month, Day, Year)
	apeller M	phi	picia				Das	298	7	<b>&gt;</b> /-	-3-	94
2	30. NAME AND ADDRESS OF PERSON WH				Print)		<del>+ 310</del>	. 0	-			7
	Dr. Carl Sperlin		Loch Ra				Ralti	mor	e, Maryl	and '	21239	)
	31. DATE FILEO (Month, Day, Year)				-1 V U	•	20101	mO1	c, muryl	und /	-1203	
	JAN 0 4 1994	deli K	R'S SIGNATURE	J. pa								
1 1	TANK II 4 1444	Name of the last	A MINISTER IN CO.	TARK								

RAUL LOPEZ, M.D.
31. DATE FILED (Month, Day, Year)

JAN 0 4 1994

5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

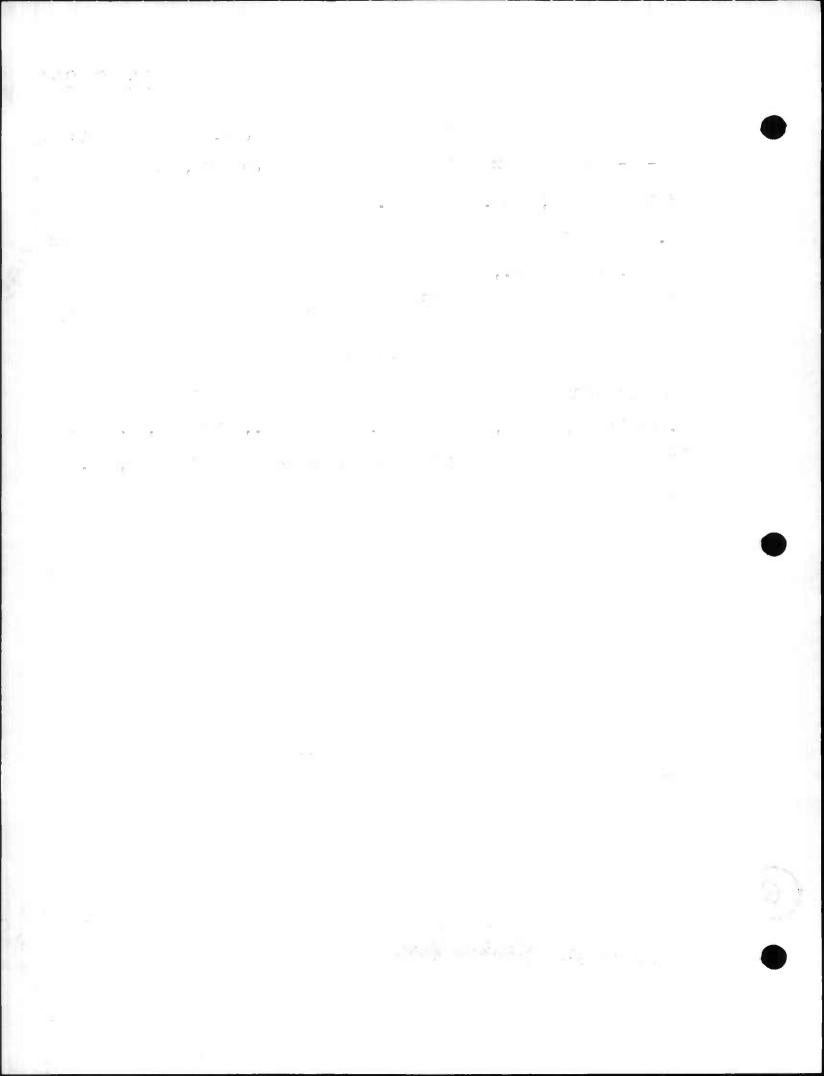
	1. DECEDENT'S NAME (First, Middle, Last WILLARD CHARLES	JENKINS		CERTIF	IOAI				2. DAT	REG. NO		YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	JENNINS 5. SEX	A AGE (In	yrs. last birthday)	EINOE	R 1 YEAR	E INIOE	R 24 HRS.	+	WARY 3, 1994			2:40  ACE (State or Fore)
1 3	236 12 4767	1 M 2 F	7		MONTHS	DAYS	HOURS	MIN.	(Mon	of BIRTH ith, Day, Year) E 4, 1		Country) WEST	VIRGINI
	9a. FACILITY NAME (If not institution, give	street and number)		,	9b. CIT	y, TOWN (	OR LOCATI	ION OF D		IL 4, 1		TY OF DEA	
CTOR	V.A. MEDICAL CE	NTER			FORT HOWARD						BAL	TIMOF	RE
딥	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	TY		10c, CI	ry, TOWN	OR LOCAL	TION						Od. INSIDE CITY
DIRE	MARYLAND BAL	TIMORE			,		Pai	rk, N	1d.				LIMITS?
3AL	10e. STREET AND NUMBER				101. ZIP CODE								AT COUNTRY?
FUNER	5517 PATRICK HET						2122				U.S		
	1 Never Married 2 Married								en, Puerto	IN? (Specify Ye Rican, atc.)	s or No-	Black, \	- American Indie: White, etc.
BY	3 Wildowed 4 Divorced	WORLD	WAR I	Ī		1 U YES	2 📉 NO	ly:			Specify:	WHITE	
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	1	(Give kind of	work done	during mo	ON ist of world	ing	16	b. KIND OF BU	SINESS/INDI		merica
	Elementary/Secondary (0-12) 1st.Grade	None	+)	Coal	-4.7					Unite	d Mi		
COMPL	17. FATHER'S NAME (First, Middle, Last)	none		COUL	1111	CI	16. MOT	HER'S N		Middle, Maider			
ш	Everett	Jack	Jer	nkins						Emil		iteh	air
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	1			nber, City or Tox			
F	Mrs.Edith V.L	ewis		551	7 Pa	tri	ck l	Hen	cy I	r.Bal	Lto.M	d. 2	1225
	20a. METHOD OF DISPOSITION  XXBurial 2 Gremation 3 Re-	movel from State	20b. P	PLACE AND DATE	OF DISPO	SITION (NE	ama of		OA.		OCATION C	ity or Town	, State
	4 Donation & Other (Specify)	CENSEE	A MC	Vet,	-		OWN:			/ 5 C1	cowns	Vill	e,Md.
	Balto.Md. 2123 McCully Funeral Home, 130 E.Fort												
-	23. PART I. Enter the diseases, or	complications th	410	he death De	N	1cCu	11y	Fui	nera	1 Hor	ne,13	0 E.	
	shock, or hasrt fellure	. List only one of	use on eac	th line.	not ente	i the mo	de or dy	ing, su	in ea cei	mec or reet	ягасогу агте	aut,	Approximation interval Barriage Onset and
	IMMEDIATE CAUSE (Final disease or condition	CARCI	CARCINOMA OF LUNG										Onset and
	resulting in death)			CONSEQUENCE C	PF):								1
NO	Sequentially list conditions,	b											
CATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):											-5 179
E I	CAUSE (Disease or injury that initiated events	C. DUE TO	OR AS A C	ONSEQUENCE O	PF):								1
CERTI	resulting in death) LAST	d											
LC	PART II. Other algolficent condition	ons contributing to	death but	not resulting	In the u	ndariyin	g ceuse	given in	Part I.	24a. WAS AF	NAUTOPSY	24b. W	ERE AUTOPSY FI
EDICA										PERFO	RMED?	0	VAILABLE PRIOR OMPLETION OF C
WED										1	-A_A		F DEATH?
2													
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	DEATH (C	neck only o	nne)			
PHYS	1 TYES 2 NO	1 Zinpatient 2			4 🗆 Nu	rsing Hom		esidence		er (Specify)			
	1 Natural 5 Pending	(Month,	Day, Year)	28b. TIR	JURY M	WC	URY AT PRK? YES 2 [	□ NO	28d. DE	SCRIBE HOW	INJURY OCC	UREO	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY	- At home, farm,	street, fac				26f. LO	CATION (Street	end Number	or Rural Rou	ite Number,
MPLETED	4 Nomicide determined	building	, etc. (Specify	")					City	or Town, State	)		
"	29e. CERTIFIER (Check only	SICIAN: To the best o	f my knowled	ige, death occur	red at the	time, date	end place	e, and du	to the ca	tuse(s) end ma	inner as state	d.	1,00
OMP	one) 2 MEDICAL EXAMIN	IER: On the besis of	examination of	end/or investigati	on, in my	opinion, d	eath occu	red at the	time, dat	a and place, e	nd due to the	cause(s) a	nd manner ea s
BE COMP	2 MEDICAL EXAMIN				on, in my	opinion, d	29c, LIC	ENSE NU	MBER	a and place, e			fonth, Day, Year)

9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MISPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

					-11111	IOAII	L OI	DEA	111	HE	a. NO.			
	Sister Mar		izabeth	Lell						2. DATE OF DE MONTH	ATH DAY	19	94	3. TIME OF DEATH 7: 45A M
1	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIR	TN		-	IPLACE (State or Foreign
	212-62-62		1 🗆 M 2 💢	79	YRS. MONTHS DAYS HOURS BINN. 7. DATE OF BIT (Month, Day, Unit of Bit (Month, Day).					5,1	914	- Ge:		
-	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)				*		ION OF DE	ATH		9c. COU	NTY OF D	
DIRECTOR	Villa Assi	umpta	6401N.	Charle	s St	St. Baltimore					Ba	Baltimore		
I W	10a. STATE	10b. COUNT	1	10c. CI	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	
	Md.		imore		Ba	lti								1 YES 2 TO
FUNERAL	6401 N. C		s St.				10	7. ZIP COD				10g. CITI	US.	WHAT COUNTRY?
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian													
	Never Married 2	Married	FORCES? 1	YES 2 XI	Ø		If yes, sp	ecify Cubi	en, Mexican	, Puerto Rican,	etc.)	M 140		E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divo	orced	IF YES, GIVE Y	MAR OR DATES			1   YES	2.2.240	Specify:				Speci	White
COMPLETED	15, DEC (Specify onl	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATH	ON and works	00	16b. KIND	OF BUSI	NESS/INC	USTRY	
W	Elementary/Secondary (	0-12)	College (1-4 or 5	+)				ost of world						
<u>a</u>	12		5+		тев	che:	r			Edu	cat	ion		
Ö	17. FATHER'S NAME (First, M		91					18. MOT	HER'S NAM	ME (First, Middle,	Maiden S	umame)		
BE (	Josef Le						_			arine				
2	190. INFORMANT'S NAME (									loute Number, City				
-	S.Bernice		inger,S						St.	-				21212
	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION / Name of / Commetter of the place of / Commetter of /													
	21. MONATURE OF RUNCHIS CENSES 22. NAME AND ADDRESS OF FACILITY													
	Dennis Stephen Xemakis M00640 Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212													
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate													
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (DR AS A CONSEQUENCE OF):  Adulus clewitic Caudovanda desert  VESTS  Interval Between Onset and Death  I Month  I Month													
	disease or condition resulting in death)	<b>→</b>	Cer	elovo un	sce	Wee	. OL	ise	an	e				1 Month
	tooding in death)		DUE TO	(DR AS A CONSE	DUENCE O	F):		72			0		~	HUMANY YEARS
NO	Sequentially list condit			Muluse OR AS A CONSEC			ca	nde	va	sela i	de	eer	~	45475
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY	ING		(		.,.								i
臣	CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	F):								
H	resulting in death) LAS		d											
	PART II. Other significa	ent condition	s contributing to	death but not r	esulting	in the ur	nderlyin	g cause	given in I	Part I. 24a. V	MAS AN A	UTOPSY	24b.	. WERE AUTOPSY FINDINGS
EDICAL										100	PERFORM		1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
										_   ¹□	YES 2 [	XBO		OF DEATH?
Σ		-								_				1   YES 2   NO
z														
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATN (Che	ck only one)				
l S	1 TYES 2 KIND			ER/Outpatient 3	□ DOA			• 5XXX	esidence t	B C Other (Spec	lfy)			
PHYSICIAN:		Pending	28e. DATE OF (Month, D		28b. TIR	IE OF JURY M		URY AT ORK? YES 2	NO NO	28d. DESCRIBE	HOW IN.	JURY OC	CURED	
D BY	3 Suicide 6	Investigation Could not be	26e. PLACE C	OF INJURY At ho	me, farm,	street, fac			3	281. LOCATION City or Town	(Street and	d Number	or Rural F	loute Number,
COMPLETED		determined									1.007.6			
MPL			CIAN: To the best of											
	286. SIGNATURE AND TITLE	OF CERTIFIE	11			_	_	20- 110		an eren				e) and manner as stated.
BE C	The second secon	1	750	aud				DI	ST&7	1/ M	۱ (	≥ //	3/9	(Month, Day, Year)
임	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED SALE  SOAS MA	DE OF BEATH RITE	1 27) (Type	, Print)	4.	11 1	2000	100.00	utr.	- 11	0)	050
	LITW	i en ce	DUAS MAD	וזכי	COTT	100	441	na	عاص ا	ide)	we	- Ju		٠,٠
	4 0 0 0 0	Year)	3 REGISTR	R'S SIGNATURE	2.00									
	JAN 0 4	1994	1	- I GODY - NOT	W-C.									



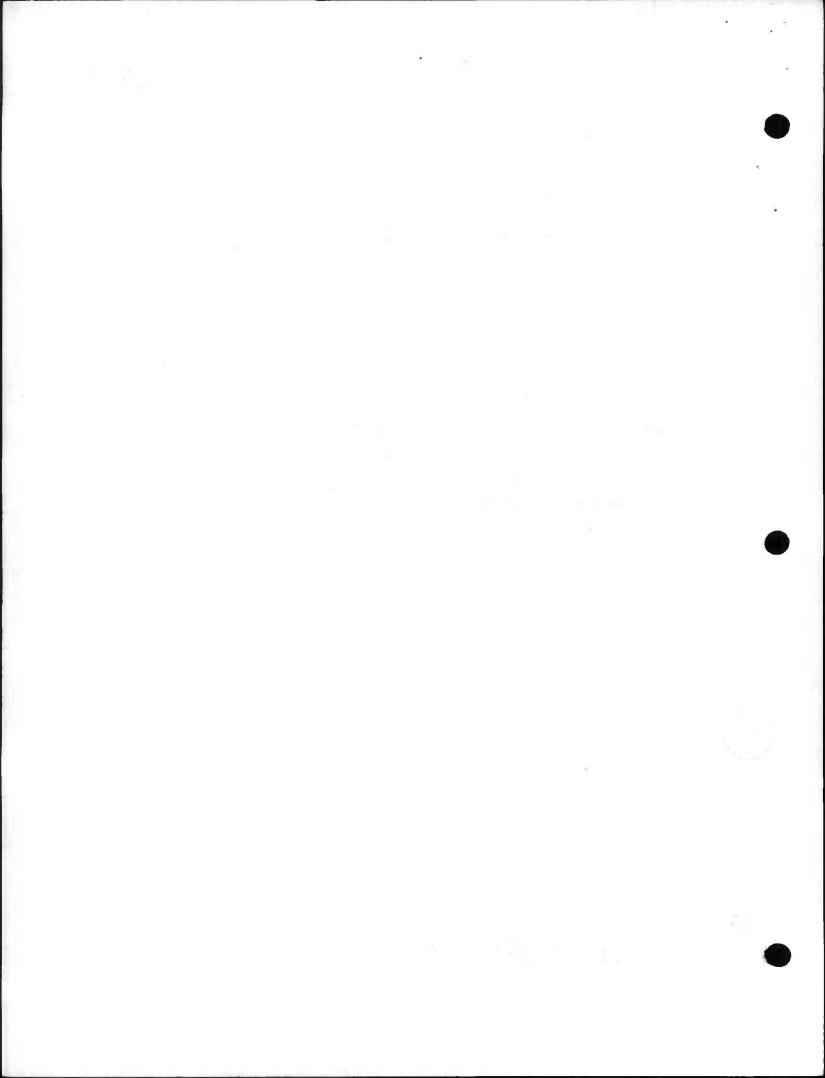
•		it Pages 1.2.3 should	2000	
BALTIMORE, MARYLAND 21215-0020	The law mains that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	n huma by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE LAW IMPLIES THE THE CHART CERTIFICATE DE EXECUTED WITHIN 24 TIO	Seri Catalities De	be filed within 72 hours after death with the State Dept. or hearts and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or hum 23 proves any injury, or other traumatic event, the medical examiner must be notified at once.

HAZEM A.

31. DATE FILED (Month, Day, Year)

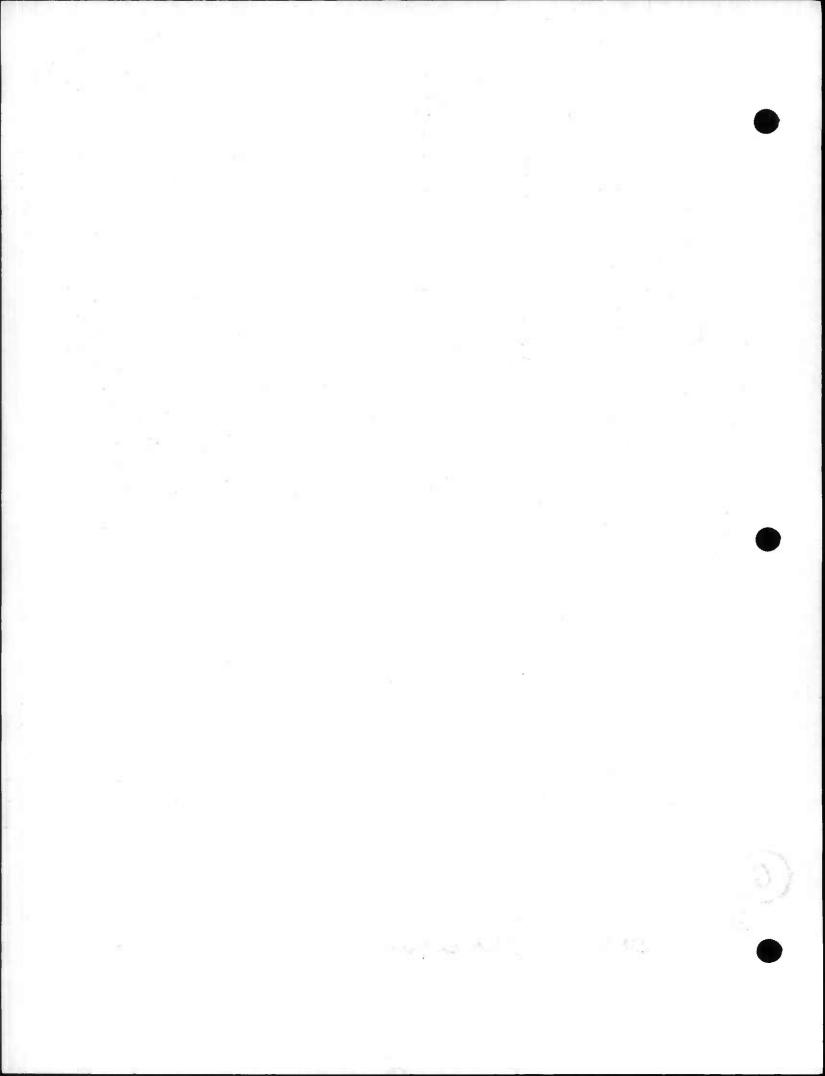
Jon JAN 04 1994

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	FOR 1 - STATE REGISTRAR	STATE OF N		) / DEPAR					MENTAL HYGIEI		94	00043
	1. DECEDENT'S, NAME (First, Middle, Last)			OLITIN	IOAI	LOI	DEAL		REG. NO	).	1	
1 9	William		/	Runk	1	1:			MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	a ACE /h	: last birthday)	010	ni			75	2	94	17.33 HM
	705109556	1 1 1 2 ∏ F	V 4	YRS.	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
			8 7	THS.	- 9		252.00		JULY 21.	1909	Ita	ly
· c	9a. FACILITY NAME (If not institution, give s						OR LOCATIO	ON OF DE	ATH	9c. COL	INTY OF DE	ATH
2	GOOD SAMARTIAN H	OSPITAL			L BA	LTIM	ORE			1		
DIRECTOR	10a. STATE 10b. COUNTY	1		10c CIT	Y TOWN	OR LOCA	HON				-	40.4 10.0000 0.000
1 %	MARYLAND	BALTIMORE	•			VILL	1000					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	DALTITIONL	-	1 40	11111		ZIP CODE					1 TES 2 NO
FUNERAL	The state of the s	2012				10	. ZIP CODE	_		10g. CIT		HAT COUNTRY?
N.	2120 DULANEY VALL			A Property Land				2109			_USA	
교	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	MO	13	If yes, ap	ENDENT O	F HISPAN n, Mexicer	IC ORIGIN? (Specify Yan, Puarto Rican, atc.)	a or No-	14. RACE Black,	- American Indian, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	^		1 TYES	2 DANO	Specify			Specify	y:
1 1	15. DECEDENT'S EDU	CATION	160	. DECEDENT'S	HEHAL /	OCC IDATI	302		401 1000 00 00			WHITE
	(Specify only highest grade			(Give kind of a	work done	during mo		g	16b. KIND OF BL	ISIMESS/INI	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+		ENERAL			STED		DATI	.ROAD		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		- u	INLINAL	IAN	אויו ט						
		LOMBARDI					1	EONI(	ME (First, Middle, Maider		OMBAR	D.T.
8	19a. INFORMANT'S NAME (Type/Print)	LUNDARUI										וטו
12	GLORIA SEMENTA								Courte Number, City or To			04000
	20a. METHOD OF DISPOSITION							1 K	DAD LUTHER			
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			CEAND DATE					1/5/94 TOV			rn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	JOHN F	. DOLA	ΔN	22	INEME A	ADDRES	S OF EAC	JCK INC.			
	+ Yok 6 V	don		114					ROAD BALT	TMOD	E MD	2121/
	23. PART . Entar the diseases, or o	·	caused tha	death. Do r								
	anock, or naart failura.	List Dniy ona cau	se on each i	ilna.			ac or ayı	ng, such	raa cardiac or reap	насоту ат	reat,	Approximata interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	Dice	1	TT		1	.1.	1				Onset and Death
	resulting in death)	n. DUS TO	curg of a down	/ ho/s	acic	14	0/14	_/1	neuryin			11,00 ->
-		552.10	(OIL NO ADODIE	ISEGUENCE O	r).							12:52
RTIFICATION	Sequentially list conditions,	OUE TO	OR AS A CON	ISEQUENCE OF	n:							12:53
AT.	if any, leading to immediata cause. Enter UNDERLYING		,		,							İ
윤	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CON	ISEOUENCE OF	F):							-
E	reaulting in death) LAST											
빙												
A	PART II. Other aignificant condition	a contributing to	deeth but no	ot rasulting i	in the u	nderlying	ceuse g	iven in l	Pert I. 24a. WAS AP PERFO			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL							44		1 - YES	1		COMPLETION OF CAUSE OF DEATH?
뿔												1 TYES 2 Z-NO
									_		1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF OE	ATH (Che	ck only one)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4   Nu		e 5 🗆 Rei	uldence (	S Other (Specify)			
È	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE HOW	INJURY OC	CUREO	
7	1 Natural 5 Pending	(Month, De	ly, Year)	INJ	URY		RK? res 2 🗌	NO				
ВУ	a Catalda	28a. PLACE OF	INJURY - At	home, tarm, s	treet, fac	tory, office			261. LOCATION (Street	and Number	or Rural Bo	vita Number
밀	4 Homicide 6 Could not be	building,	etc. (Specify)					1	City or Town, State	)	or name no	
Ш	29a. CERTIFIER			- 23					-			
COMPLET	(Check only											
8	2 MEDICAL EXAMINE		amination and/	or investigatio	n, in my	opinion, d	eath occure	d at the t	ime, date and place, a	nd due to th	ne cause(a)	and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	BER			Month, Day, Year)
0	Hogen Andary M.D. 019 Jan 2, 94										, 94	



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	(
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
	TALE OF ATTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.
2	ID THE PACERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in me, within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
1	HADDOTANT: If them 28 is marked as Item 22 shaws and infinity or other fraumatic assent the medical assembled as asset

	FOR STATE REGISTRAR		STATE OF I		D / DEPAR CERTIF					MEN	TAL HYGIEN REG. NO.		94	00044
	1. DECEDENT'S NAME (First, M JOHN					MATTH	IEWS			MC	ATE OF DEATH DA	1994	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-36-28	21	5. SEX 1 M 2 D F	6. AGE (In yr.	s. lest birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	MIN.	7. D/ (A 3	TE OF BIRTH	N	8. BIRTHPL Country) Iorth	ACE (State or Foreign Carolina
OR	9a. FACILITY NAME (If not instituted by the control of the control	OSPIT						IMOR	ION OF DE	EATH		9c. COU	NTY OF DEA	тн
DIRECTOR	RESIDENCE OF DECE	DENT				Dad Limina Limin							Dd. INSIDE CITY LIMITS?  X YES 2 NO	
	106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  1303 Edmondson Avenue  21217  USA													
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	arried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	- 01	f yes, sp	cify Cubi		n, Pue	IGIN? (Specify Yes	or No—	Specify:	- American Indian, White, atc.
COMPLETED	15. DECED (Specify only h Elementary/Secondary (0-12 1 2	<del></del>	ATION ompleted) College (1-4 or 5	+)	Give kind of life. Do NOT u	work done ( se retired.)	during mo	ON st of worki	ng		16b. KIND OF BUS	GINESS/IND		ack
BE CON	17. FATHER'S NAME (First, Midd John Matthe									- 4	Gorma:			
TO B	Avery D.		r								venue,			D 21217
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremellon 4 Donation 5 Other (S	3 🗆 Remov Spécify)		20b. PLA	CEAND DATE	rem	ato:	ry		/9	4 Cat	onsv		, MD
	21. SIGNATURE OF FUNERAL		Dun	M		6	38 ]	V. (	3i1m	or	Albert St.Ba	1to.	, MD	e F/H 21217
CERTIFICATION												Approximete interval Between Onset and Death		
MEDICAL	PART II. Other eignificent		contributing to	death but n	not resulting	in the un					PERFOR	MED?	A) C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	EXAMINER?  1 (X) YES 2   NO		HOSPITAL:		nt 3 🗆 DOA	OTHER 4 Num	1:		eeldence		ly one) Other (Specify)			
В	3 Suicide 8 Co	vestigation ould not be	28a. PLACE C	/1994		DP M	1 🗆 1	RK? /ES 2 (	Й мо	SU	BJECT SI	HOT (	ON STE	REET no Number, NAVENUE
COMPLETED	29a. CERTIFIER (Check only 1 CERTIF		IAN: To lhe best of	my knowledge		red at the J				BA lo the	LTTMORE	MAI	RYLANI ted.	
TO BE CC	29b. SIGNATURE AND TITLE O	F CERTIFIER	ethu	e i	un			29c. LIC	ENSE NUI	MBER		29d. DAT		fonth, Day, Year)
	30. NAME AND ADDRESS OF F	D.K	OREU	111	Penn	Stre	et,	Bal	timo	re,	Maryla	nd 2	21201	
	JAN 0 4		Julie	Eviden	- Rande	٤								



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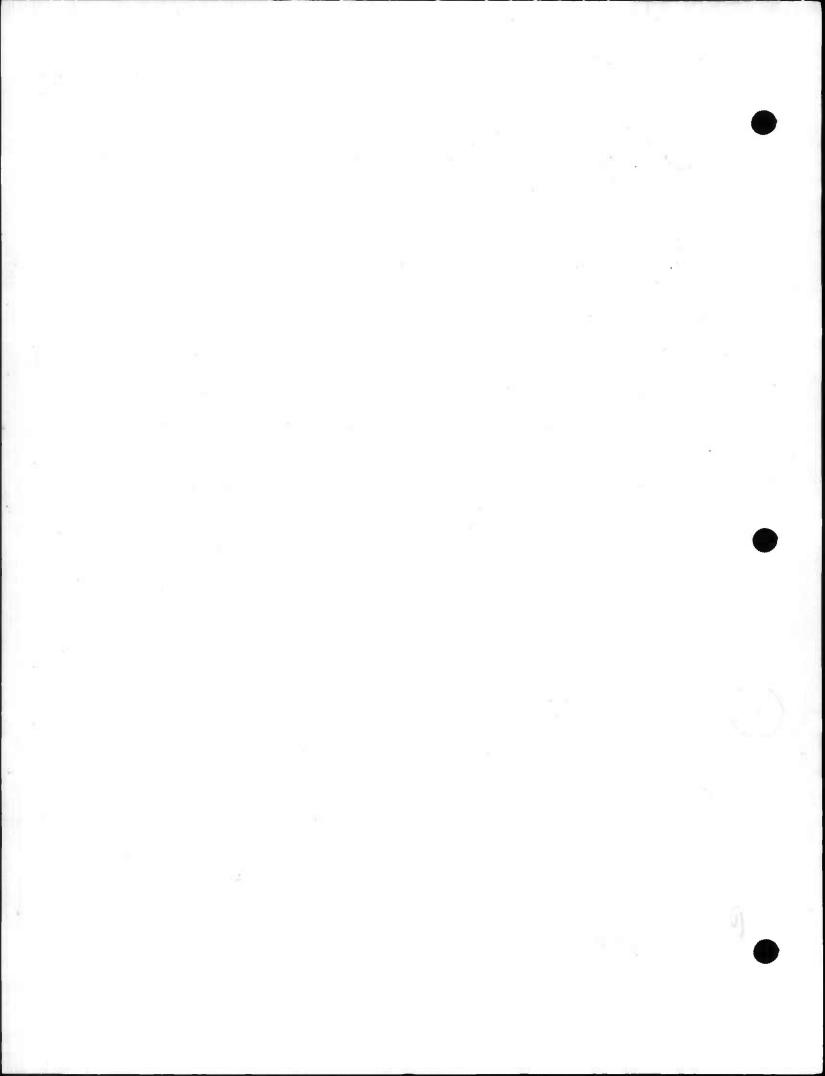
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	TO THE HOSPITAL	ì

		1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIME OF OEATH
		WILLIAM	LEW]	ES MOE	RRIS	JR.					MONT	'H D/ 		9 Y	1:00 P M
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	_	R 24 HRS.		OF BIRTH		6. BIRTHI	PLACE (State or Foreign
9		407-34-776		1 M 2 D F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		-14-19			KENTUCKY
should	œ	9e. FACILITY NAME (If not Institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										ATH			
1, 2, 3	CTO	229 N. BEA	UMONT	AVENUE		CATONSVIILE						BALT	IMORE		
Pages	DIREC	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCA	TION			-			10d. INSIDE CITY LIMITS?
		MARYLAND	B/	LTTMORE			C	ATO	NSVI	LLE					1 TYES & NO
t permit.	FUNERAL	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CITI	ZEN OF W	HAT COUNTRY?
DZO physician. burial-transit	NE	229 N. BEA	TMOMU		NT EVER IN U.S. AI	2450	100			1228				U.S	
0020 g physician. e burlal-trar		1 Never Merried 2 🔀		FORCES?	YES 2 A		If	yee, sp		en, Mexice	n, Puerto	N? (Specify Yea Ricen, etc.)	or No —		— American Indian, , White, etc.
attending	BY	3 Widowed 4 Divo	erced						21A110	Specif	у.			Specif	WHITE
	ETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(6	live kind of	USUAL OC work done d			ing	168	. KIND OF BUS	INESS/IND	USTRY	
the hospital or detached for u	PE	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	CLE	9					COCT	NT C	רוו זוראבוי	TITE
AND he hospit detached once.	COMPL	17. FATHER'S NAME (First, M	liddle, Last)			CLIER	(IV		18. MOT	HER'S NA	ME (First.	SOCIA Middle, Melden		ECUR	TTX
क विव	BE C	WILLIAM LE	WTS N	ORRTS						RELL		OSMOND		LOR	
retained 5 should notified	TO B	19e. INFORMANT'S NAME (7		1	19	b. MAILING	ADORESS	(Street				ber, City or Town			
5 5 7 5 E	F	LORRAINE D.		(WIFE)		229 1	I. BE	AUM	ONT A	AVEN	UE C	ATONSV.	ILLE	MARY	LAND 21228
L E - TO		20e. METHOD OF DISPOSIT  1 Buriel 2 Cremetic	n 3 🗆 Rem	oval from State	20b. PLACE cemetery, cri	emetory or o	ther place)				OAT		CATION —		
di di		4 Donetion '5 Other  21. SIGNATURE OF HUNERA		CENSEE	METRO	CREA			01-04		CHITY	CAT	ONSVI	LLE,	MARYLAND
_ # 5 E		dunae		De XX	k							L C. W	ITZKE	FUN	ERAL HOMES
- m - m		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,													
B		ahock, or h	aert fallura.	List only ons ca	use on aach line	eath. Do i	not enter	tna mo	ode of dy	/Ing, suc	h aa can	diac or respi	ratory err	est,	Approximata Intarval Between
ੂ ਦੇ ≅		iMMEDIATE CAUSE (Fir disease or condition	nal	META	STATIC	Now.	- Sm M	,, (	5611	LUM	VC	CANCE	,		Onset end Death
		resulting in death)		*	(OR AS A CONSE			-				Ciliocol	•		
executed and con o buriat, matic er	Z	Conventiolly list so-dit		b											
te be execut prician and c prior to buris	CATION	Sequentially ilst condit If any, leading to imme- ceuse. Enter UNDERLY	diete	DUE TO	(OR AS A CONSE	OUENCE O	F):								
ie phys de p	FIC	CAUSE (Disease or Inju		CDUE TO	OR AS A CONSE	OUENCE O	F):								
	ERTIFI	resulting in deeth) LAS	т	d.			,								
A 0 0 =	0	PART II. Other algoritics	nt condition	e contribution to	doeth but not	sanultina.	In Ab a sure	d advida			D				
4 8 9 F	DICAL			TRUCTION		resulting	in the und	derryin	g cause	given in	Pert I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
OWS an	EDI			M Dist								1   YES 2	NO		OF DEATH?
C 13 5	Ξ.		NSION												1 TES 2 NO
23 E	NA I	25. WAS CASE REFERRED TO						26. PI	LACE OF E	DEATH (Ch	eck only o	ne)			
sician: certifica the State	PHYSICIAN:	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient :	DOA	OTHER		ne 5 XR	eeldence	6 🗆 Othe	er (Specify)			
PHYSICIA this certi with the	PH	27, MANNER OF OEATH	Pending	28e. OATE OI (Month, I	F INJURY Day, Year)	28b. TIN	JURY		JURY AT ORK?		28d. OE	SCRIBE HOW II	NURY OCC	UREO	
DING PHYS After this death with	BY	2 Accident	Investigation	00- 01-005	OF IN HIPM	<u>L</u>	M		YES 2	NO					
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St Item 28 Is marked, or It	ED		Could not be datermined	building	OF INJURY — At he , etc. (Specify)	ome, ierm,	atreet, lecto	ery, offic	ce			CATION (Street a or Town, Stete)	nd Number	or Rural R	oute Number,
OR AI DIREC hours	COMPLETE	29e. CERTIFIER	TIEVING BUVE	CtAN: To the best o	1 multipopuladas I d										
로 경 전 도	MP														end manner ee atated.
THE HOSPI THE FUNER filed within	ECC	29b. SIGNATURE AND TITLE								ENSE NUI					(Month, Day, Year)
TO THE TO THE Fled V	00	31	Don	- >					7	>400	59		•		194
	2	30. NAME AND ADDRESS OF													
10		THOMAS		nner n	is u	NIVE	WITY	04	MA	1464	NS H	OSP ITH	BA	HTIM	10215 Cm 320
		31. DATE FILEO (Month, Day,		32. MEGISTR.	AR'S SIGNATURE	المعاسا	L								are my sizoi
		טליו ילו	- IJJT			• -	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

00045

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DIVISION OF VINE RECORDS, P.O. BOA 88780,	de la	et	Tel	E
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	TO THE HOSPITAL OR ATTENDING PHESITAL THE SAME TO SECURE THAT THE death certificate be executed within 24 ho	TO THE FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled	be filed within 72 hours after deum with the peak, of Health and Mental Hygiene prior to burial, cremation, o	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the n

2

1 - FOR STATE REGISTRAR

ROBERT

4. SOCIAL SECURITY NUMBER

215-28-0857

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

ECTOR	THE JOHNS H	OPKINS	HOSPITAL		BA	LTIMORE CIT	ТҮ				
000	10a. STATE	10b. COUNTY			10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS?			
ā	MARYLAND				7	BALTIMOR	Œ	1 X YES 2   NO			
A	10e. STREET AND NUMBER			111000		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
E	514 CHAPELGATE LANE 21229 U.S										
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 1  3 Wildowed 4 Divor	Married	12. WAS DECEDENT EY FORCES? 1 FYES, GIYE WAR'S KORE.	YES 2 NO	MEO 13		SPANIC ORIGIN? (Specify Yearloan, Puarto Rican, stc.) pacify:				
요	15. DECE	EDENT'S EDUCA	TION	16a. DEC	EDENT'S USUAL	OCCUPATION during most of working	16b. KIND OF BI	USINESS/INDUSTRY			
COMPLET	Elementary/Secondary (0-		College (1-4 or 5+)	life.	Do NOT use retired.	) ouring most of working	REAL	ESTATE			
<u>×</u>	17. FATHER'S NAME (First, Min	ddle, Last)	<u> </u>		REALTOR	18. MOTHER	S NAME (First, Middle, Maide	on Sumama)			
	ROBERT L.										
BE	19a. INFDRMANT'S NAME (Ty			106	MAILING ADDRES		YN A. KLEIN Jural Route Number, City or To				
2			NT <b>\</b>								
	JOHN L. MCCC		IN)				LARKSVILLE				
	1 Surial 2 Cremation	n 3 🗌 Remov	al from State	cemetery, cren	no DATE OF DISPO	)		OCATION — City or Town, State			
	4 Donation 5 Other			ST, JO	JOHN'S CEMETERY 01/05/94 FILTCOTT CTTY, M						
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE  22. NAME AND ADDRESS OF FACILITY  LEROY M. & RUSSELL C. WITZKE F										
	Keise	ell Ad	V	28				/ITZKE FUNERAL HOM 'ATYONSVILLE MARVI.A			
CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injusted events resulting in death) LAST	diate NG ry c.	DUE TO (OR ES	AS A CONSEO AS A CONSEO AS A CONSEO PATT	T b uence on: aea	leed Varices Cirrhos	\{ S	3de 16 m			
MEDICAL	PART II. Other algnificant	ESC VICO	phage a	oth but not re	and i	inderlying cause give	n in Part I. 24a. WAS A PERFC 1   YES	2 NO 24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION DF CL DF DEATH?  1 YES 2 N			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	26. PLACE OF GEATH				(Check only one)			
ıs I	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DDA 4 Nursing Home 5 Residence 8 Other (Specify)										
ВУ РН		Pending nvestigation	28a. DATE OF INJU (Month, Day, Ye	JRY bar)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	284. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 0	Could not be	28e. PLACE OF IN. building, etc.	JURY — At hor (Specify)	ne, farm, streat, fa	ctory, office	281. LOCATION (Street	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
MPLETED	4 Homicide	determined					ony or torrit, order	•/			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

JAN 0 4 1994

MCCOY

1 XM 2 - F

8. AGE (In yrs. last birthday)

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

94 00046

8. BIRTHPLACE (State or Foreign Country)

9c. COUNTY OF DEATH

3. TIME OF DEATH

MARYLAND

:20 a.m.

2. DATE OF DEATH DAY
JANUARY 2.1994

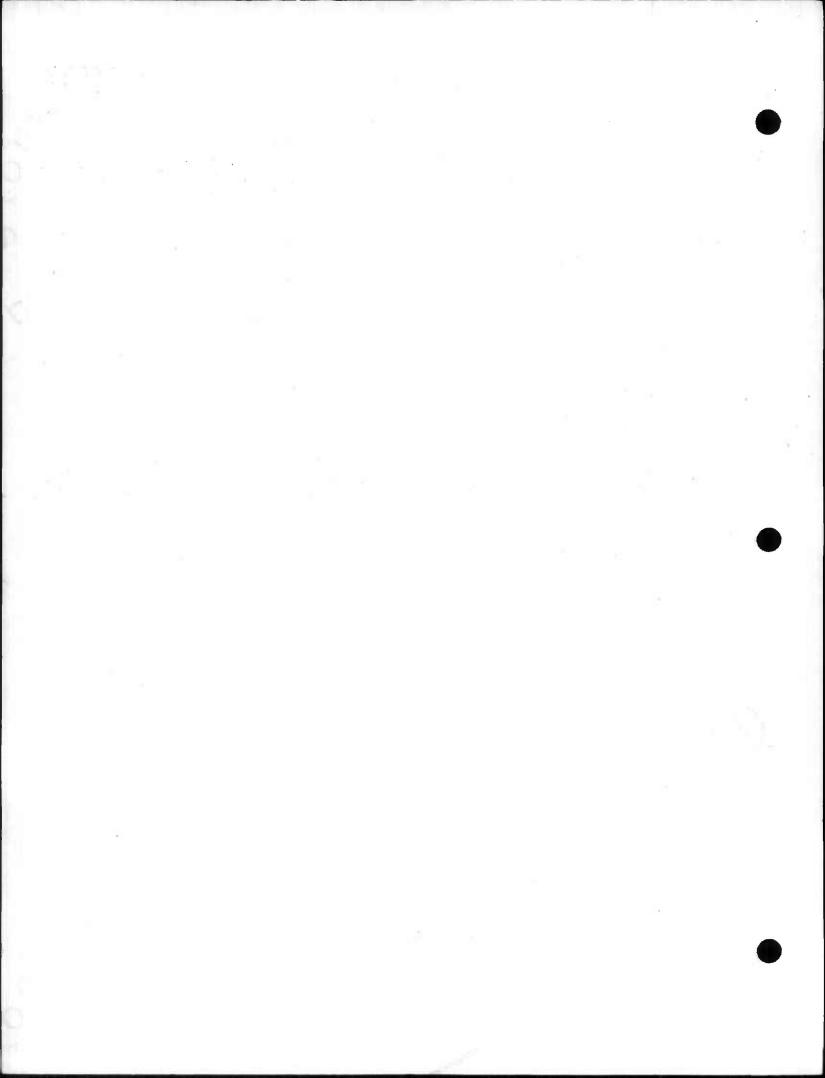
7. DATE OF BIRTH (Month, Day, Year) 05-18-28

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DIVISION OF VITAL	OR ATTENDING PHYSICIN
	OR.
_	THE HOSPITAL
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	1. DECEDENT'S NAME (First, Middle, Li	_							OF DEATH	IAYO (	NE MR	3. TIME OF DEATH
	JOSEPH	I	A .		NORTO	ON		МОМТ	1 0	r <sup>2</sup> 9	GEAL	5:17 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	• •	IF UNDER 1 YE		JAS MIN.		OF BIRTH h, Day, Yeer)	- 1	BIRTHI Country	PLACE (State or Foreign
	212-36-0409	55	YRS.	- 24		-	04-	-24-38			MARYLAND	
HC.	99. FACILITY NAME (If not institution, give street and number)  SHOCK TRAUMA CENTER  96. COUNTY OF DEATH  BALTIMORE											EATH
ECTOR	RESIDENCE OF DECEDENT			100 00	TY, TOWN OR L							
DIRE	MARYLAND	CARROI	L	Toc. CI	ELDERS		•					10d. INSIDE CITY LIMITS? 1 YES 2 TH NO
	10e. STREET AND NUMBER				PALIDERA	101. ZIP	CODE			10g. CITIZE	EN OF W	HAT COUNTRY?
FUNERAL	6514 CARROLL HI						217				U.S	.A.
	11. MARITAL STATUS  1 Never Married 2 X Merried	12. WAS DECEDER	NT EVER IN U.S. A 1- YES 2 WAY OR DATES		If yes	s, specify	Cuban, Mexic	an, Puerto	i? (Specify Yea Ricen, etc.)	e or No 1	Black	— Americen Indian, , White, etc.
ВУ	WHITE											
ETED	15. DECEDENT'S I (Specify only highest g			Give kind of	work done durin	PATION g most of t	vorking	166	KIND OF BU	SINESS/INDU	STRY	
APLE	Elementary/Secondary (0-12)	College (1-4 or 5	+) "	fe. Do NOT L	SALES					CAR	PET	
COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	JOSEPH NORTON				$\overline{}$		_	EGLER				
TO B											21784	
	20s METHOD OF DISPOSITION FM Buriel 2 Cremetion 3 F	20b. PLAC	E AND DATE	OF DISPOSITIO			OAT		CATION - CI			
	■ □ Donation 5 □ Other (Specify) _		NEW C	CATHEDRAL CEMETERY 01/					4 BAL	TIMORE	c, M	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSES	10						CW	TTZKE	MI FE	ERAL HOMES
	Lusseer		- Dec		1630	EDM	ONDSO	N AVE	NUE C	ATONSV	TT.T.	E MARYLANI
	23. PART i. Enter the diseases,	or complications the									and the latest designation of the latest des	And the same of the same of the same
	enock, or neert reliu	re. List only one cer	use on each ii	death. Do ne.	not enter the	mode o	f dying, su	ch as can	dec or resp	iratory erre	et,	Approximate
	iMMEDIATE CAUSE (Finei disease or condition	re. List only one cer	use on each lie	death. Do	not enter the	mode o	f dying, su	ch as car	flec or resp	iratory erre	et,	Approximate intervel Between
	IMMEDIATE CAUSE (Finei	a. A	use on each iii	laz	not enter the	mode o	f dying, su	ch as care	dec or resp	iratory erre	et,	Approximate intervel Between
NO	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to	O (OR AS A CONS	EOUENDE C	Aufrica ()	mode o	f dying, su	ch as can	flec or resp	iratory erre	et,	Approximate intervel Between
ATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Due to	use on each iii	EOUENDE C	Aufrica ()	mode o	f dying, su	ch as can	flec or resp	iratory erre	et,	Approximate intervel Between
IFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a	O (OR AS A CONS	EOUENCE C	August	mode o	f dying, su	ch as carr	flec or resp	iratory erre	et,	Approximate intervel Between
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LETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suiting in death and conditions are suiting in death and conditions are suiting in death and conditions are suiting in death and conditions are suiting in death and conditions are suiting in death and conditions are suiting in the suiting	a. DUE TO b. DUE TO c. OUE TO d	D (OR AS A CONS O (OR AS A CON	EQUENCE C  EQUENCE C  EQUENCE C  Tesulting  DOA  28b. Till IN	or enter the state of the state	lying cet  6. PLACE  Home 5  INJURY WORK?  YES  office	of DEATH (C □ Residence  AT  NO	heck only or  6 Other  28d. OE: SUB 28f. Loo City 6 5	24a. WAS AN PERFOR 1 TYPES 2  TO (Specify)	AUTOPSY RMED? 2 NO INJURY OCCU FELL and Number of	24b.  AT Rural R L H	Approximate intervel Betwee Onset and Dae On
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in death Last  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation of the condition of the condi	a. DUE TO b. DUE TO c. OUE TO d. Lione contributing to lione contr	D (OR AS A CONS O (OR AS A CON	EQUENCE C  EQUENCE C  EQUENCE C  Tesulting  DOA  28b. Till IN	or enter the state of the state	lying cet  6. PLACE  Home 5  JNJURY WORK?  YES  office  date end i	of dying, sur	heck only or  6 Othe 28d, 06: SUE 20f, Coty 65	24a. WAS AN PERFORM  1 YES 2  TO (Specify)   I AUTOPSY RMED?  I NO  INJURY OCCU FELL  IN ARROL  Inner as stated and due to the	24b.  24b.  A'T  Rural H  1.  Couse(e)	Approximate intervel Betwee Onset and Das On	
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TO THE HOSPITAL OFFICIAN. The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THEODORE EUgene PINKNEY  4. SOCIAL SECONDY FOMEON 1.5 SEC   1. ADE (in y, a bet lording)   1. MAN   1. ONT O SHITTING   1. ONT		FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF I			HYGIENE REG. NO.	94	00048			
THEODORS EUROPE SINKINGS  4. SOCIAL SECURITY MANNEER  5. SECUL 15 AND EVENTS HOWERS  5. SECULTY MANNEER  5. SECULTY MANNEER  5. SECULTY MANNEER  6.	1. DECEDENT'S NAME (First, Middle, Last)			Marie Co					3. TIME OF DEATH				
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Greater Baltimore Medical Center    Greater Baltimore   Saltimore	The second secon	1.4				7. DATE OF (Month, 1)	BIRTH 5-42	Cox	THPLACE (State or Foreign Intry)  1to. Maryland				
DE STREET AND NUMBER 7718 Liberty Rd.  113. NAS DECENDENT OF INSPANSO CHICARY OF NAST COUNTRY TO 124 A					9b. CITY, TOWN	OR LOCATION OF D	EATH	90	COUNTY O	DEATH			
DE STREET AND NUMBER 7718 Liberty Rd.  113. NAS DECENDENT OF INSPANSO CHICARY OF NAST COUNTRY TO 124 A	СТОВ	RESIDENCE OF DECEDENT		nter					Ba	ltimore			
If yes and year with the property   Specify				10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
If yes and year with the property   Specify	ERAL				10		.244	10					
Sequentially list conditions, and consequence of the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, leaves, or heart interest interest interest interest interest interest interest interest interest interest.	BY FUN	1 Never Married 2 Married	Never Married 2 X Married FORCES? 1 YES 2 NO IF YES, GIVE WIR OR DATES					If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 NO Specify: Specify:					
The Information is a process of the Control of th	LETED	(Specify only highest grade	CATION completed)	16a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during m retired.)	ost of working	16b. K	ND OF BUSINES	SS/INDUSTRY				
The Information is a process of the Control of th	MP			Mail	Carrier					To be the			
196. NACIONANT'S NAME (Ppo-Princ)   198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rwn. State. 2D Code)   21244   2244   2254   226. LOCATION - City or Town, State. 2D Code   21244   226. LOCATION - City or Town, State. 2D Code   226.		17. FATHER'S NAME (First, Middle, Last)	loha Di	n len a u		18. MOTHER'S NA	AME (First, Mid						
Decesse M. Pinkney  7718 Liberty Rd. Baltimore, Maryland 21244  20c. METROD or pisposition  10 Buselet 2   Ceremetron 3   Removel from State  20c. METROD or pisposition  10 Buselet 2   Ceremetron 3   Removel from State  20c. METROD or pisposition  20c. No. No. No. No. No. No. No. No. No. No	BE	10. INFORMANT'S NAME (Fraction)	John Pi		ADODEOG (C)	- 40 - 10 - 10 - 10							
Cameration   Cam	10	Derese Dreese M.		7718	Liberty	Rd. Ba		re, Mar	yland	21244			
Separati   Enter the disease, or bear failers. List only one cause on each line.   F. H. 1206 W. North Ave. Balto. Md.		Competer, crowston of the Dacel Commetter Commetter Commetter, crowstory or other Dacel Commetter Commette											
IMMEDIATE CAUSE (Final disease or condition resulting in death)   DUE 50 (OR AS A CONSEQUENCE OF)		Elimber H.	Honel	//	F.H.	1206 W.	North	a Ave.	Balt				
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	4	28. PART I. Enter the diseases, or	In plications that caused	the death. Do no	ot enter the m	ode of dying, au	ch aa cardia	c or respirato	ry arrest,	Approximata			
Cause. Entar UNDERLYING Cause. Entar UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENC		IMMEDIATE CAUSE (Final disease or condition		Onset and Death  2-days									
Cause. Entar UNDERLYING Cause. Entar UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENC	z	netostates lance to leave											
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY AMALABLE PRINCE OF DEATH   24c. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY AMALABLE PRINCE OF DEATH   25c. PLACE OF DEATH (Check only one)   25c. WAS CASE REFERRED TO MEDICAL   2	CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  Figuration of the conditions of the conditions of the cause of the ca											
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY AMALABLE PRINCE OF DEATH   24c. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY AMALABLE PRINCE OF DEATH   25c. PLACE OF DEATH (Check only one)   25c. WAS CASE REFERRED TO MEDICAL   2	RTIFI	that initiated events	Intrinto di Visita										
PERFORMED?    WAS ABLE PRIO COMPLETION OF DEATH   VES 2 NO		DADT II Other electricant condition		A ==A == == t									
2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	MEDICAL	PANT II. Other asymmetric condition	is contributing to destribu	ut not resulting if	the underlyin	g cause given in		PERFORMED	17	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)						
2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	SIC			atlent 3 DOA	OTHER:			Sanath I					
29a. PLACE OF INJURY — At home, farm, street, factory, office 29a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as		1 Natural 5 Pending	28a. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT ORK?			W INJURY OCCURED				
		3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, st									
	OMPLE	(Check only											
	BE	296. SIGNATURE AND TITLE OF CERTIFIE	0			29c. LICENSE NU 1) 28/	MBER 33	290					
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Furth 2cto 6569 N Charles ST Gastimore Md 2208  31. DATE FILED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)	10			ATH (ITEM 27) (Type,	Print)	nd 2120)	r						
		31. DATE FILED (Month, Day, Year)	# REGISTRAR'S SIGNA	ATURE									
A DATE OF CHARLES OF THE CONTROL OF		1AN 0 4 1994	REGISTRAR'S SIGNA	fulace									

DHMH-18 Rev 1/89

**BALTIMORE, MARYLAND 21215-0020** 

TATIAL RECORDS, FULBOX 68/00, BALLIMOKE, MARYLAND 21215-0020	thin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attention and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf narmit. Pages 1.2.3 should	mation, or removal.	nt, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.D. BOX 66/60	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the definition of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the transfer of president and complete	be filed within 72 hours after death with the State Dept, of Health and Micra Hygers pine in burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury at other fraumatic event, the medical examiner must be notified at once.	

	REGISTRAR	CERTIF	CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		_		2. DATE OF DEATH DO	NY.	year 3. TIME OF DEATH			
	Dorothy Ward Pritchett				Jan 2 1	994	M			
	4. SOCIAL SECURITY NUMBER 012-18-9179  1 □ M 2 √ F  82	yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV • 20 , 1	911	New York			
1.8	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DEA			TY OF DEATH			
TOR	Ginger Cove Nursing Home		Anna	polis		Anne	Arundel			
DIRECTOR	MD Anne Arundel	10c. cm Ann	apolis	TION			10d. INSIDE CITY LIMITS?  1 YES 2 NO			
무	10e. STREET AND NUMBER		10	f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
FUNERAL	1101 River Crescent Drive	e	2	21401		U	SA			
Types and the second of the s										
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INDU	STRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of w ille. Do NOT us Housewi	ork done during m retired.)	ost of working	Home	make	r			
OM	17. FATHER'S NAME (First, Middle, Last)	iloube Wi		10 MOTHER'S NAM	E (First, Middle, Meiden		-			
BE C	Richard	War	d	Floi	cence Ma	ry Cı	ruibley			
5	19e.INFORMANT'S NAME (Type/Print) Donald G. Fraasa	19b. MAILING 270	ADDRESS (Street) 5 Thyr	and Number or Aural Ac ne Dr. E	ute Number, City or Tow dgewater	n, State, Zip C	<sup>200(e)</sup> 21037			
	20a. METHOD OF DISPOSITION 1	PLACE AND DATE O	FDISPOSITION (Notes place)	ame of			re, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME A	NO ADDRESS OF FACI	LITY					
	Thomas Marchel		12 I	Ridgely	neral Ho Ave. Ann	apol	is,MD 21401			
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one could on earliest cause (Final disease or condition resulting in death)	uto m	4000	diali	istard	in	Interval Between Onset and Death			
CERTIFICATION	Saved Soll acts ( 101 acts) to 1 the 1									
	PART II. Other algnificant conditions contributing to death bu	t not resulting in	the underlyin	g cause given in P	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
DICAL	builti-infact dema	utia			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME	Renal fall wre-				_		OF DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpettent 2 ER/Outpet	tlant 2 Pos	OTHER:	ACE OF DEATH (Chec						
PHYSICIAN	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	PRK?	Other (Specify)	NJURY OCCU	RED			
D BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY - building str. (Specific	— At home, farm, st		YES 2 NO	28f. LOCATION (Street & City or Town, State)	and Number or	r Rural Route Number,			
ETE	4 Homicide determined									
COMPLETED	(Check only 2 MEDICAL EXAMINER: On the basic of examination									
TO BE	SIGNATURE AND TITLE OF CENTIFIER			29c, UCENSE NUMB	2 2	29d, DATE :	SIGNED (Month, Day, Year)			
-	30. MME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	1833 En	print) rest An	· Anua	pols his	210	401			
	31. DATE FILED (Month, Day, Year)  32. DEGISTRAR'S SIGNAL  AND 4 1994  Julia Danielo									
	JAN 0 4 1994 Julie Banden	. , ,								

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17 KIGATA WAS WHICKATTS I'M 71.10

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DIVISION	

FOR STATE REGISTRAR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

2

					OLITITIE !	OAIL	01 0	EATH		NEG. NO			
	1. DECEDENT'S NAME (First, HAROLD	Middle, Last)			ROB	INSON				2. DATE OF DEATH MONTHUAN 1 04994 YEAR 3. TIM			3. TIME 05 35
		7.1	5. SEX	6. AGE (In yr.	s. last birthday)				7. DATE O	F BIRTH	13	s. BIRTH Countr Pei	PLACE (State or I
N.	9a. FACILITY NAME (If not in:	stitution, give st							DEATH		9c. COUN	TY OF D	EATH
I K I	RESIDENCE OF DECEDENT												
Ĭ	10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR L	OCATION						10d. INSIDE CIT
	Maryland	Balt	imore		Towson					1			
A	10e. STREET AND NUMBER						10f. ZIF	CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
ᇤ	748 Camb	erley	Circle					21204				U.S	.A.
BY FUR			FORCES? 1	YES 2	NO	ves, specify Cuben, Mexican, Puerto Rican, etc.) Blec					Black	- American Ind White, elc. y: White	
<u></u>				184	DECEDENT'S	USUAL OCCU	CCUPATION 16b. KIND OF BUSINESS/IN					USTRY	
					life. Do NOT us	ork gone duni e retired.)	ng most of	working					
립	12						ms Manager   Hart			rtfor	tford Insurance Co.		
8	17. FATHER'S NAME (First, Middle, Last)						3					_	
	Pohir											UNKI	NOWN
				19h MAILING	ADDRESS /S	tmot and h	lumber or Pure	Douge Musel	ar Cibrar Tor	m Ctata Tin	Code		
일			nson		ISB. MAILING				HOUSE NUMBER	one number, city or rown, state, zip coder			
1 1	1 ☐ Burlel 2XXCrematio	n 3 🗆 Remo	oval from State	cometer	ACE AND DATE O	F DISPOSITIO her place).	N (Name o	of .					
				Hı	IItop S					TOW	son,	Mary	Land
				0									
	Mall	ace.	S. Broo	8510	21.						-		00.4
18	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory errest, shock, or heart failure. List only one cause on each line.											Approxim	
	IMMEDIATE CAUSE (Finel disease or condition DOOD ADI E STROKE									Onset ar			
	resulting in death)  a. PROBABLE STRATE  DUE TO (OR AS A CONSEQUENCE OF):										-		
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팂		100											
빙													+
A	PART ii. Other eignifice	nt condition	s contributing to	death but r	not resulting i	n the under	rlying ce	use given i	Pert I.			24b.	WERE AUTOPSY
용	HX. C.V.A.										1		COMPLETION OF OF DEATH?
	HX. CARDI	AC ARE	RHYTHMAS	5									1 TES 2
													, p
E		MEDICAL		_			28. PLACE	OF DEATH (C	heck only one	))			
잃	EXAMINER?		HOSPITAL:	Lenin and	4 2 🗆 204	OTHER:	00000						
ļ≚				*	1						IN ILIEM OOO	LIBED	
富		Pending				JRY	WORK?		280. DES	CHIBE HOW I	INJURY OCC	URED	
B								2   NO	1				
0			28e. PLACE OF building, e	r INJURY — I etc. (Specify)	Al home, ferm, s	treet, factory,	office					or Rural F	loute Number,
[ <b>⊢</b> 1	4   Homicide	pararmined											
12	29e, CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of a	my knowledg	e, death occurre	d at the time,	date end	place, end du	e to the caus	e(e) end me	nner ee state	d.	
M		2 1											) end manner ee
	-												
H	The same of the sa		( min								29d. DATE	SIGNED	(Month, Day, Year
								IP 3016	5364B.CE			1141	
	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	HAROLD  4. SOCIAL SECURITY NUMBE  181-09-8100  98. FACILITY NAME (# not in Saint Jose)  RESIDENCE OF DEC 106. STATE  Maryland  106. STREET AND NUMBER  748 Camk  11. MARITAL STATUS  1	4. SOCIAL SECURITY NUMBER  181-09-8100  90. FACILITY NAME (If not institution, give at Saint Joseph Hosp PRESIDENCE OF DECEDENT  100. STATE 100. COUNTY Maryland Balt:  100. STATE 100. COUNTY Maryland Balt:  100. STREET AND NUMBER  748 Camberley  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade)  190. RIFORMANT'S NAME (First, Middle, Last)  John  190. RIFORMANT'S NAME (TyperPrint)  Mrs Nancy N. Robinson  1 Denation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the diseases, Dr c shock, or heert failure. If disease or condition resulting in death)  NOTE OF THE CAUSE (Finel disease or condition resulting in death)  NOTE OF THE CAUSE (Finel disease or condition resulting in death)  NOTE OF THE CAUSE (Finel disease or condition resulting in death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease or condition death)  NOTE OF THE CAUSE (Finel disease)  1 August distribution death disease or condition death)  NOTE OF THE CAUSE (Finel disease)  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Neture 5 Pending Investigation death disease dis	4. SOCIAL SECURITY NUMBER  181-09-8100  1	HAROLD	1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middin, Last)	HAROLD  ROBINSON  1. SOCIAL SECURITY HUNDER 1. 181—09—8100  1. SEX 2 F 90 YRS. SEX DOWNTRY THE DEPROPER PLANT TOWN OF LOCATION  SE, TACILITY NAME (If the simulation, give street and number)  SE, TACILITY NAME (If the simulation, give street and number)  SE, TACILITY NAME (If the simulation, give street and number)  SE, TACILITY NAME (If the simulation, give street and number)  SE, TACILITY NAME (If the simulation, give street and number)  SE, TACILITY NAME (If the simulation, give street and number)  SE, TACILITY NAME (If the simulation, give street and number)  SE, TACILITY NAME (If the simulation, give street and number)  SE, TACILITY NAME (If the simulation)  TOWNSON  100. STREET AND NUMBER  700. STREET AND NUMBER  100. STREET AND NUMBER  700. STREET AND NUMBER  100. STREET AND NUMBER  700. STREET AND NUMBER  100. STREET AND NUMBER	DECEDENT'S MARE (First, MicKon, Least)	COCCODENT'S NAME (First, Middes, Lase)   COMPANDED   CONTROL   C	DECORDITY NAME (First, Modes, Last)	DECEMBER'S NAME (PSY, Mode), Last)	CONTROL TO MAKE (FIVE MODE)   CONTROL NO.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

00050

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Pennsylvania

> 10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, etc. Specify: White

Approximata interval Between **Onset and Death** 2 HOURS

2 MINS.

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

IOSPITAL TOWSON MD 21204

94

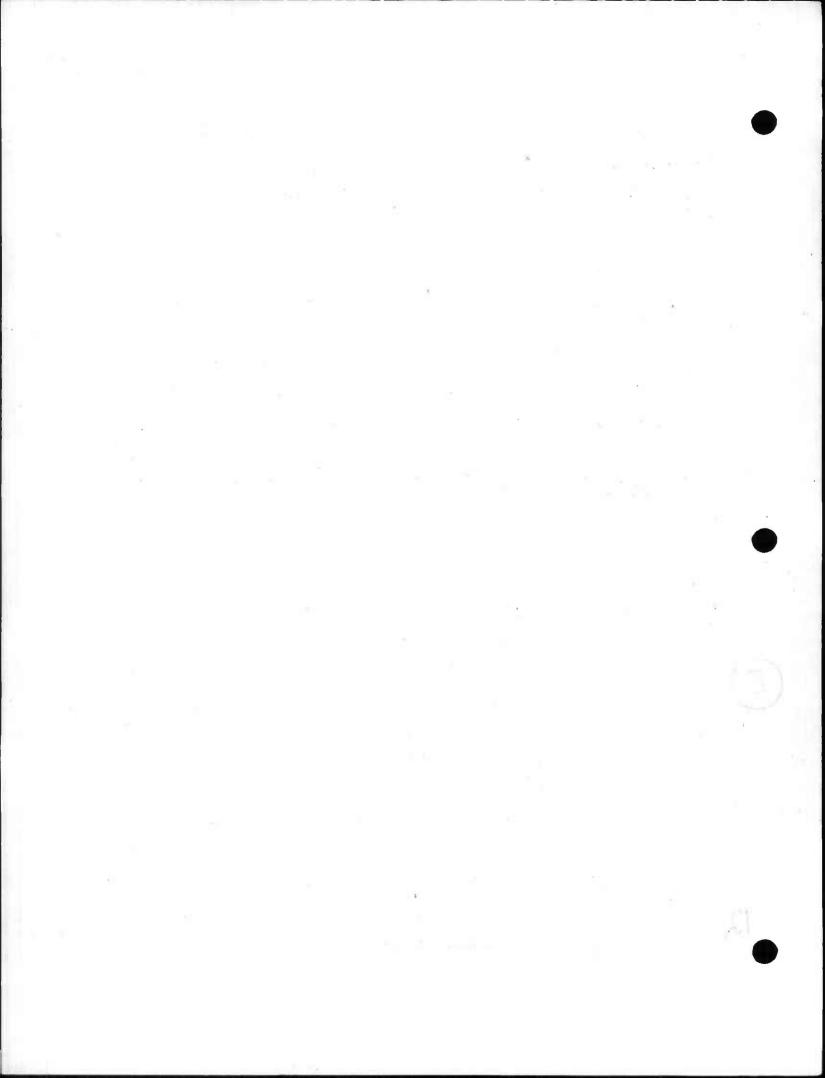
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ACCUSE OF ACCUSED AND ACCUSED

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH 3.1										3. TIME OF OE	ATH			
				D D7							MONTH	DA		YEAR	6:45	A
		4. SOCIAL SECURITY NUMB	WAR Er	5. SEX	B. AGE (In	yrs. lest birthda	v) JE 1890	ER t YEAR	IF UNDER		JAN 2 1994 8. BIRTHPLACE (State or Fore)				Coming	
				1 0 M 2 - F		YAS	MONTHS	DAYS	HOURS	8484	(Month, Day	(Year)	Country)			
should		215 07 5290		treet and number)	88		9b. CI	Y. TOWN	OR LOCATI	ION OF DEAT		24	4 1906 PENNSYLVANII			LA
65	E C	ST. AGNES I					30.01		TIMO		п		9c. COOR	IIT OF DE	AIH	
2, 2,	СТОВ	RESIDENCE OF DEC										-				
Pages 1,	DIRE	10a. STATE	10b. COUNTY		10c. CITY, TOWN OR LOCATION					_				10d. INSIDE CI LIMITS?	TY	
permit.		MARYLAND  100, STREET AND NUMBER	BA	LTIMORE						VILLE	}				t TYES 2	
E E	RAL		77-TA 17 77-3					10	f. ZIP COD	_					HAT COUNTRY	?
020 physician. burial-transit	UNER	2 HOWARD AV	ENUE	12. WAS DECEDER						228				S.A.		
020 physician, burial-trar	ш	1 Never Married 2	Married	FORCES?	1 YES	2 NO	13	If yes, sp	ecify Cubs	nn, Mexican,	ORIGIN? (Sp Puarto Rican	ecify Yea , etc.)	or No-	14, RACE Black,	<ul> <li>American In White, etc.</li> </ul>	dlen,
21215-0	BY	3 Widowed 4 Divo	IF YES, GIVE	WAR OR DAT	ES		t  YES	24 NO				Specify WH	HITE			
	E	15. DECI (Specify only	DENT'S EDU	CATION completed)			ENT'S USUAL OCCUPATION and of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY			USTRY		
	LET	Elementary/Secondary (0-	12)	College (1-4 or 5		life. Do NOT use retired.)										
AND 2 he hospital of	COMPL	12 17. FATHER'S NAME (First, Mi	elette di e est			GREEN HOUSE WORKER						ORIS				
- 03		URIAH		18. MOTHER'S NAM												
RY ned by build by build by	BE	190. INFORMANT'S NAME (7)	me/Print)		RIGGS		NC ADDRE	DE (Channel		RTHEW	M.	CRI		0-44		
MARY retained to 5 should notified	임	DANIEL RIGO		BROTHER)								•				
T, A B B		20a. METHOD OF DISPOSITI	ON		20b.P	LACE AND DA				ATONS	VILLE		ZIZ		n Stata	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 Burial 2 Crematio 4 Donetion 5 Other		oval from Stata	cemet	oplawn	r other plec	9)		1	/5/94		OODLA		MD.	
Page al dire		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	0	ODER IVITY	2	. NAME A	ND ADDRE	SS OF FACIL	.ITY					
ALTIMOR death. Page 6 ma s funeral director, p. I. examiner must		Verane	uan	De the	6						WITZ					
By urs after in by the removal.	$\vdash$	23. PART I. Enter tha di	aeases. Dr	complications the	at caused i	the death D	[] E	30 E	DMON	DSON	AVE.	BALT	O. MI	21		mata
		shock, or ha	art fallure.	List only one ce	use Dn eac	ch lina.	o not ent	i the me	Ade Di dy	ing, auch	aa carulec	or reapn	atory err	est,		Batween
# 6 a		IMMEDIATE CAUSE (Finel disease or condition SED 51.5										Onaet a	ind Daath			
3760, ted within completely fille ial, cremation, event, the		disease or condition a. SEPSIS  DUE TO (OR AS A CONSEQUENCE OF):														
B 6 - 9	_			RENA												
	CATION	Sequentiary list conditions, OUE TO (OR AS A CONSEQUENCE OF):														
BOX cate be es hysician a prior to	CA	Cause. Enter UNDERLYING CAUSE (Disease or Injury That Initiated events  DUE TO (OR AS A CONSEQUENCE OF):														
O. B ertificati ing phy- rgiene p	RTIFI	that initiated events resulting in deeth) LAST  DIAGETES MELLITUS														
O H H	ш	resulting in deetil) LAS		d. DIA	GETE	5 ME	LLIT	15								
S I	LC	PART II. Other algnifica	nt condition	s contributing to	D death but	t not resultir	g in the	ınderiyin	g ceuse	givan in Pa	ort i. 24a.		AUTOPSY		WERE AUTOPSY	
any and and	DICAL										1.5	PERFOR			AVAILABLE PRIC	
2 2 2 2	Ш										_   ' '	) VEG 2	JAI NO	1	OF DEATH?	¬ NO
S Short	2										_				, , , , ,	] 110
ITAL RY N: The law ticate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					28. P	LACE OF D	DEATH (Check	only one)					
F VITAL B SICIAN: The law certificate has b h the State Dept. d, or Item 23 s	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpat	flent 3 DOA	OTHI		ne 5 🗆 R	ealdenca 6	Other (Spe	ectfy)				
OF V PHYSICIA this certif with the thed, or	РНҮ	27. MANNER OF DEATH		28a. DATE Of	F INJURY Day, Year)		IME OF	28c. IN.	JURY AT	2	6d. DESCRIB	E HOW IN	JURY OCC	CURED		
VISION OF VITAL ATTENDING PHYSICIAN: The law ECTOR After this certificate has be so after death with the State Dept 28 is marked, or item 23	BY F		Pending nvestigation	(Monta,	Day, Ibary		M		YES 2	□ NO						
NDING P NDING P R: After 1 or death	0	3 Suicida 6 🗌	Could not be	28a. PLACE (	OF INJURY -	At home, far	n, street, fe	ctory, offic	a	2	Bf. LOCATION Cify or Toy	(Street a	nd Number	or Rural Ro	ute Number,	
DIVISION DIRECTOR: After thours after death Item 28 Is mar	ETE	4 Homicide	ietermined		1.5						ony or lov	viii, Otoloy				
DIV L DIREC 2 hours	PL	29e. CERTIFIER (Check only	FYING PHYSI	CtAN: To the best o	ot my knowled	dge, death occ	urred at the	time, date	and place	, and due to	the cause(a)	and men	ner es stat	ed.		
TO THE HOSPITAL TO THE FUNERAL DE filed within 72	COMPLET	one) 2 MEDI	CAL EXAMINE	R: On the basis of	examination	end/or investig	ition, in my	opinion, d	daath occu	red at the tir	ne, data and	place, and	d due to th	a cause(a)	and manner as	a stated.
SE FE FE FE	ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	100	10				29c. LIC	ENSE NUMB	ER		29d. DATE	E SIGNED	Month, Day, Yes	Br)
TO THE HOSPITAL E TO THE FUNERAL D be filed within 72 ho	TO B	14	2/11	HI	MIL	1110	1		2	1290	, 7		<b>&gt;</b> /	1/31	94	
	F	30. NAME AND ADDRESS OF	PARSON WH	O COMPLETED CAL	USE OF DEAT	TH (ITÉM 227) (1	rpe, Print)	,								
		DR JAIN	SH41	32. REGISTR	O EJ	monde	)50r	1 6	VE	BA	410	M	2	122	8	
10		31. DATE FILED (Month, Day,	fear)	32. REGISTR	AR'S SIGNAT	TURE	- ar-									-
		JANO	4 1994	pulia	Bende	ar fords										



FOR STATE REGISTRAR

LAMAR

1. DECEDENT'S NAME (First, Middle, Last)

(NMN)

PECDRDS, F	w mountained the death
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DIVISION OF VIT	TAL OR ATTENDING PHYSICIAN
	O THE HOSPITAL
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	0

8	4. SOCIAL SECURITY NUMBER 282-16-5597 5. SEX 6. AGE (In yrs. lest birther 1 □ XM 2 □ F 70 YR					) IF UND	ER 1 YEAR	IF UNDER 24	MIN.	7. DATE OF BIFTH (Month, Day, Year		8. BIRTHPLA Country)	ACE (State or Foreign	
œ	9a. FACILITY NAME (# not 303 CHALME)		street and number)		0			OR LOCATION		JULY 7,	9c. COUN	MARY TY OF DEAT	тн	
<u>ē</u>	RESIDENCE OF DE		NUL			GLEN BURNIE ANNE ARUNDEL							NDEL	
COMPLETED BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10c. C						CITY, TOWN OR LOCATION  GLEN BURNIE  10d. INSIDE C: LIMITS? 1  YES 24							
	303 CHALME		NUE	-									IZEN OF WHAT COUNTRY? J.S.A.	
	11. MARITAL STATUS 1 Never Married 2X 3 Widowed 4 Div	FORCES?	R. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Å YES 2 □ NO IF YES, GIVE WAR OR DATES  WW II				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y If yes, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2  NO Specify:					as or No- 14, RACE — American Indian, Black, Whita, atc.  Specify: WHITE		
			College (1-4 or 5+)  (Give kind of life, Do NOT			e during mo	est of working	ATOL	16b. KIND OF BUSINESS/INOUSTRY		****			
	17. FATHER'S NAME (First, Middle, Last)						ION PRESS OPERATOR KAISER ALUMINUM  16. MOTHER'S NAME (First, Middle, Maiden Surname)						UM	
BE	JACOB N. ROYER  190. INFORMANT'S NAME (Typo/Print)  190. MARIN						DE /Dames	HUI		ite Number, City or	KOON			
۵	CHARLOTTE		ER	_	303	CHAL	MERS	AVENU	JE, G	GLEN BUR	NIE, M.	ARYLA!	ND 21061	
	20s. METHOD OF DISPOSI 1∕Ω Burial 2 ☐ Cremat 4 ☐ Donation 5 ☐ Othe		TEOF DISPOSITION (Name of Or other religion) TO THE CROWNS VILLE, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 210													
CATION												intarvai Batw Onset end De		
RTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST													
MEDICAL CE	PART II. Other eignific	ent conditio	na contributing to	o deeth bu	ut not resulting	in the u	inderlyin	g ceuse giv	ven in Pa	PERI	AN AUTOPSY FORMED?	CO OF	ERE AUTOPSY FINDIN AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO	
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	□ E9/Outo	etlant 2 🗆 DOA	ОТНЕ	R:	LACE OF DEA						
У РНУ	27. MANNER OF OEATH	27. MANNER OF OEATH  1 Netural 5 Pending  26a. DATE OF INJURY (Month, Day, Year)						4 Nursing Home 5 Rasidence 6 Other (Specify)  IME OF 29c. INJURY AT 28d. OESCRIBE HOW INJURY OCCUREO NJURY M 1 VES 2 NO						
TED B	3 Sulcide 6 4 Homicide	Could not be determined	26a, PLACE ( building	OF INJURY , etc. (Spec	— At home, farm	, street, fe	ctory, offic	•	2	Sf. LOCATION (Street, City or Town, St.	et and Number ( ate)	or Rural Route	e Number,	
OMPLE			ER: On the beat of										nd menner as states	
BE CO	296. SIGNATURE AND TITL	E OF CENTIFIE		6 0	8			29c. LICEN	SE NUMBI				onth, Day, Year)	

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AEGISTRAR'S SIGNATURE

Oh

31. OATE FILED (Month, Day, Year)

JAN 0 4 1994

ROYER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RANSSE

00052

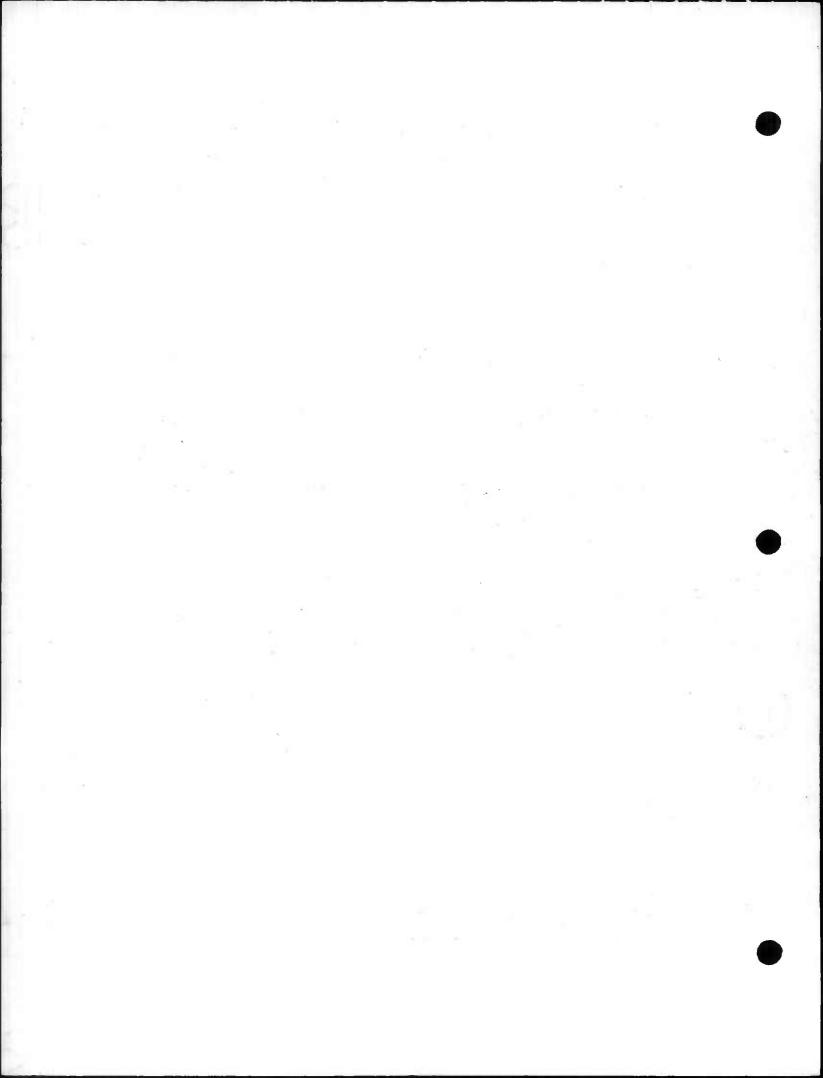
3. TIME OF DEATH

9:00 AM

94

1994

2. DATE OF DEATH MONTH JANUARY



DIVISION OF WALLE ORDS, P.O. BOX 68760, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN TIME TO THE TO THE HOSPITAL OR ATTENDING PHYSICIAN TIME TO THE THE TO	TO THE FUNERAL DIRECTOR: After this certuing has been used by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Company of the state of the filed within 72 hours after death with the State Company of the filed within 72 hours after death with the State Company of the filed within 72 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the State Company of the filed within 12 hours after death with the filed within 12 hours after death within	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DISIONO	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

1. DECEDENT'S NAME (	(First, Middle, Last)									OF DEATH	MY	YEAR	3. TIME OF DEATH		
John		Stevenson							Tan	Jan. 2. 1994					
4. SOCIAL SECURITY N	5. SEX 6. AGE (In yrs. last birthday)		thday) #	UNDER 1 YEAR	# UNDE	R 24 HRS.	7. DATE	OF BIRTH			HPLACE (State or Foreign				
718-14-9	1√XM 2 □ F	The YRS.		YRS.	THS DAYS	HOURS	MIN.	Apr	.16,1	908	Pen	nsylvani			
9e. FACILITY NAME (If n		9b.	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY												
Meridian			Severna Park					Anne Arund							
10a. STATE	10b. COUNT	TY		10c. CITY, TOWN OR LOCATION					10				10d. INSIDE CITY		
MD	1	M	ille	ersvi	lle			LIN 1 P							
10e. STREET AND NUME		4			10f. ZIP CODE						WHAT COUNTRY?				
1729 Bal	dwin D	rive					211	80			U	JSA			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.					S. ARMED 13. WAS DECENDENT OF HISPANI						14. RACI	IACE — American Indien, Black, White, atc.			
1 Never Married 2 3 Wildowed 4 1			FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexican, Pue  1 YES 2 NO Specify:				Puerto Rican, etc.) Speci					
	DECEDENT'S EDU		TT	16. OECED	ENT'S HOL	AL OCCUPATI	041		1900				WILLEC		
(Specify Elementary/Secondar	only highest grade	e completed)		(Give k	ind of work NOT use ret	done durina m	ost of work	ing	100.	. KIND OF BU	SINESS/INL	DUSTRY			
12	ry (0-12)	College (1-4 or 5	*)	Supe	ervi	sor				Carpe	ntry	De	pt.of Na		
17. FATHER'S NAME (Firs	st, Middle, Last)						18. MO	THER'S NA		Middle, Meider					
James St	evenso	n								Dive	,				
19a. INFORMANT'S NAM				19b. M/	AILING ADD	RESS (Street						Code)			
John Les	lie St	evenson				Baldw							, MD		
20e. METHOD OF OISPO		novel from State	20b.	PLACE AND	CEAND DATE OF DISPOSITION (Name of grenetory or other place) LINCOIN Cemetery					DATE 20c. LOCATION — City or Town					
4 Donation 5 0	ther (Specify)		Ft	Li	nco.				Brentwood, MD			MD			
21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY															
· Da	ack.	11 Clea	of		Hardesty Funeral Home, P.A.										
immediate cause	r hesrt fsilure. (Final	complications the	use on ea	ach ilna.		ntar the mo	R1Cle	egly	AV6	e. An	napo	olis rest,	Approximate interval Between Onset and De		
shock, o	r heart failure. (Final	a. Due to	Com AS A	CONSEQUEN	NCE OF):	12 onter the mo	ode of dy	eg Ly	AVE	e. An	napo	olis est,	Approximate interval Between		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTEN

hed for use as the burial-transit permit. Pages 1, 2, 3 should			
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

00054 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN	E 94	00034			
	1. DECEDENT'S NAME (First, Middle, Last)  Bernad	BERNARDINE YOU	T SHEETHAN			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DAT	Y 9 .	ar 9,25 P M			
	4. SOCIAL SECURITY NUMBER 0169 - 03-7943	5. SEX 6. AGE (In yr	rs. last birthday) F U	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 9	BIRTHPLACE (State or Foreign Country) New York			
OR	9a. FACILITY NAME (If not institution, give st MANOR CAYER		9b.	TOWSON	R LOCATION OF DE	ATH	9c. COUNTY Bal	of DEATH timore			
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  Maryland	Baltimore	10c. CITY, TO	wn or Locat Baltin				10d. INSIDE CITY LIMITS? 1 YES 2 XXNO			
FUNERAL	10e. STREET AND NUMBER 7138 Heathfield Road				21212			OF WHAT COUNTRY?			
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried  3 XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE:	S. ARMED		ENDENT OF HISPAN		No- 14. RACE - American Indian, Black, White, etc. Specify:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		e. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	done during mo- ired.)		16b. KIND OF BU	F BUSINESS/INDUSTRY				
NO.	17. FATHER'S NAME (First, Middle, Last)		701010	·Ci	18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)				
BE	Louis Youtt					Mitchell					
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		de)			
	J.M. Sheehan	20b. P				ore. Marylar		or Town, State			
	20b. PLACE AND DATE OF DISPOSITION (Name of comparison 2 to the place)  20b. PLACE AND DATE OF DISPOSITION (Name of comparison 2 to the place)  St Joseph Cemetery  Auburn New York										
	Dennis Stephen X	ENSEE	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home M00640 6500 York Road Baltimore, MAryland 21212								
	23. PART i. Entar tha disaasas, or o		ne death. Do not a								
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Onset and Death									
NOI	Sequentieily list conditions, if any, leading to immediate  oue TO (or As a consequence of):  b.  Due TO (or As a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	CDUE TO (OR AS A CO									
R		d				Pert i. 24a. WAS AN					
MEDICAL	PART II. Other significant condition	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatie	ent 3 DOA 4 D	HER:		8 Other (Specify)		10 EX			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2/ Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	DED			
	3 Suicide 6 Could not be 4 Homicide determined	Rural Route Number,									
COMPLETED	(oriotin orin)	ICIAN: To the best of my knowleds						ause(e) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CLUTTER	296. SIGNATURE AND TITLE OF CERTIFIES					29d. DATE S	29d. DATE SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WAS A.H. Gilahdi 7001	North Charles			vland 2120	VI.	<u> </u>				
	31. DATE FILED (Month, Day, Year)  JAN 0 4 1994	32. REGISTRARIO SIGNATI	URE PORTAGE	on, rul	J 1 W 1 Z 1 Z 1	7.7					

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IOSPITAL OR ATTENDING PHYSICIAN. The two requires that the death certificate be escound within accounted within Arouns after death. Page 5 should be retained by the burial-transit permit. Pages 1, 2, 3 should minin 72 hours after death with the State Date of Health and Merial Hydron prior to burial, correction, or removal.

ANT: If them 28 is marked, or item 23 shows are indirect any indirect or removal. The medical examiner must be notified at noce.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			:14111	ICALE OF	DEAL	Н	R	EG. NO.		
1	1. DECEDENT'S NAME (First, Middle, La. Alex DON		Q.	ΓEWA	סידי		Æ,	2. DATE OF I	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. SEX				1	-	Jan.		994	
	480-40-3886	6. SEX 1 ☑ M 2 ☐ F	8. AGE (In yrs. lest	YRS.	MONTHS DAYS	HOURS	MIN,	7. DATE OF E (Month, Da May 25	, Year) 1937	Cou	THPLACE (State or Foreign ntry) OWA
	9e. FACILITY NAME (If not inetitution, give	e etreet end number)			9b. CITY, TOWN	OR LOCATIO	ON OF D		*	OUNTY OF	DEATH
E C	202 Duke of K	ent			Cockey	crr111	0		В	altim	nore County
DIRECTOR	RESIDENCE OF DECEDENT				oockey.	2 4 7 7 7 7					iore double)
m	10e. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
1	Maryland I	Baltimore			Cockeys	svill	e				1 VES 2 NO
A	10e. STREET AND NUMBER				10	. ZIP CODE			10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	202 Duke of Ker	nt			- 8 P	2.	1030	)		II	S.A.
3	11. MARITAL STATUS	12. WAS DECEDENT		MED	13. WAS DEC				pecify Yes or No-		CE — American Indian, ack, White, etc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WI 55-	XYES 2 N R OR DATES	10		2 X NO		in, Puerto Ricer y:	n, etc.)		echy: white
0	15. DECEDENT'S E (Specify only highest gr	DUCATION and completed	16a. DE	CEDENT'S	USUAL OCCUPATION	ON		16b. KIN	D OF BUSINESS	/INDUSTRY	
Li	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille.	Do NOT u	work done during mo se retired.)	IST OF WORKIN	V				
14	12 years			mput	er Teste	er		I	ndustri	ial	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					_	ER'S NA		e, Meiden Surnem		
	Alex Stewart						elma				
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street	nd Number	or Rumi	Route Number (	Offer or Town State	Zip Codel	
5	Ian Stewart			7846	America	ma C	ircl	e Gle	n Burni	o M	aryland
			20h DI ACE A	MODATE	OF DISPOSITION (NA	ament U.	11 ()	DATE	20c. LOCATION	LC , 11	Town State
	20e. METHOD OF DISPOSITION  1		Green	Mou	nt Crema	tory		1-3			e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			Mitch	ND ADDRES	is of F	efeld 1	Home		
	George J. F	errarse								Moser	land 21212
	23. PART I. Enter the diseases, o		coursed the de-	oth Do	0300	do ed et d	Roa	u Dai	cinore,	rial	Approximate
N	disease or condition resulting in death)	DUE TO	OR AS A CONSEC	UN O	non fa	ily	re				19885 Ver85
T O	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	UENCE O	F):						(
2	CAUSE (Disease or injury	c	UPI	٦							14682
CERTIFICATION	that initiated events resulting in death) LAST	DQE 10 (	OR AS A CONSEC	DUENCE O	(F):						
GE		_ d									
200 July 1	PART II. Other aignificant condit	iona contributing to	death but not re	eaulting	in the underlyin	g ceuse g	lven in	Part i. 24e	. WAS AN AUTOP	SY 2	16. WERE AUTOPSY FINDINGS
EDICAL									PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ [''	TES 2 WINO		OF DEATH?
2								-			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				20.00	ACT CT C	FATIL -				
Ö	EXAMINER?	HOSPITAL:	Č		OTHER:		,	eck only one)		-	
ΙΥS	1 TYES 2 NO	1   Inpatient 2			4 - Nursing Hon		sidence				
ВУ РН	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, Da	y, Year)	28b. TIN	JURY WO	PURY AT DRK? YES 2	NO NO	28d. DESCRI	BE HOW INJURY	OCCURED	
COMPLETED F	3 Suicide 6 Could not 4 Homicide determined	pe building, s	INJURY — At horate. (Specify)	me, farm,	street, factory, offic	•		28t. LOCATIO City or To	N (Street end Nur wn, Stete)	nber or Run	l Route Number,
1	290. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of r	ny knowledge, de	eth occur	ed at the time date	end place	and due	to the causele	) and manner as	stated	
N N											e(e) end menner ee stated.
	29b. SIGNATURE AND LITLE OF CERTIF			-							
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F	30. NAME AND ADDRESS OF PERSON										
	Bienvendio Mat	os, M.D.	21 Cran	abro	ok Road,	Cock	teys	ville,	MD 210	30	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE								
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<b>MORE, MARYLAND 21215-0020</b>	age 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TELECTOR THE SOLD THE law requires that the death certificate be executed within a four's after death, Page 6 may be retained by the hospit	The Amer III care has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
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94 00056 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLANI		NT OF HEALTH AN TE OF DEATH	ID MENTAL HYGIE REG. N		00056
	1. DECEDENT'S NAME (First, Middle, La Andrew				2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		s. last birthday) IF UND	NER 1 YEAR IF UNDER 24 H	RS. 7, DATE OF BIRTH	01-94	THPLACE (State or Foreig
	212-42-5768	1⊠M2□F 49	YRS. MONTH		/6.4	Bal	intry)
	Sa. FACILITY NAME (If not institution, gir			TY, TOWN OR LOCATION O	OF DEATH	9c. COUNTY OF	
10F	Union Memoria	al Hospital		Baltimore (	City		
DIRECTOR	10e. STATE 10b. COU		10c. CITY, TOWY	OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Ani	ne Arundel	G1	en Burnie			1 TYES 2 NO
FUNERAL	304 Georgia Av	Ve		21061		USA	F WHAT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED 1	3. WAS DECENDENT OF HI	SPANIC ORIGIN? (Specify axican, Puerto Rican, etc.)	Yes or No- 14. RA	ICE — American Indian, ack, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES			pecify:		•c#y: White
ETED	15. DECEDENT'S E (Specify only highest gr	EDUCATION 16a	. DECEDENT'S USUAL	OCCUPATION to during most of working	18b. KIND OF E	JUSINESS/INDUSTRY	
LEI	Elementary/Secondary (0-12)	College (1-4 or 6+)	Business (	1.)	Don	tal Equip	amont
COMPL	1 Z.  17. FATHER'S NAME (First, Middle, Last)		business (		S NAME (First, Middle, Meld		merro
BE C	JACOB	SCHMI	DT	RUT			NOFI
TO B	19a. INFORMANT'S NAME (Type/Print)			SS (Street and Number or R	tural Route Number, City or 1	own, State, Zip Code)	
	Yolanda Michael	1 000 01	304 Georg		en Burnie N	Id 21061	Town State
	1 XBurial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	n Haven Co	osition (wame of om		Glen Bur	
	21. BIONATURE OF FUNEJIAL SERVICE			2. NAME AND ADDRESS O	F FACILITY		rre, MD
	Hi Vary LC St	allings Jr.			FUNERAL HOM in Rd. Pasa		21122
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A COL  DUE TO	NSEQUENCE OF):  NSEQUENCE OF):	NCREAT	1- VASC41		unknow 10 yr
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Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO		ОТН	28, PLACE OF DEATH	1 (Check only one)	2 (I) MO	AMILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
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	TILGISTIAN	CENTIFICATE OF DEATH REG. NO.	

1. OECEDENT'S NAME (First, Middle, Lest) MARIE 4. SOCIAL SECURITY NUMBER 214 22 8182							2. DATE OF	CEATH		T	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	M			STRU	BE		MONTH	DAY	2 4	54	08:00 AM
214 22 0102	5. SEX	6. AGE (In yrs. In	not hirthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF			- '	PLACE (State or Foreign
214 27 0107	1 M 2 XF	83	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	lay, Year)		Country	y)
9a. FACILITY NAME (If not institution, give s								7, 11			ryland
	110000000000000000000000000000000000000					OR LOCATION OF			9c. COUNTY		
NORTH ARUNDEL I	IOSPITAL	ASSOCIA	TION		GLE	N BURNIE				A . A	• COUNTY
10a. STATE 10b. COUNTY	γ		10c CI	TY, TOWN O	OR LOCAT	TION					10d, INSIDE CITY
Maryland Ani	ne Arunde	21	100.01	, , , , , , , , ,	JII EUGA		en Bur	nie		- 1	LIMITS?
10e, STREET AND NUMBER											1 YES 2 NO
7885 Gordon Ct.					101	7. ZIP COOE 210	61		-		THAT COUNTRY?
				_7		210	O.T.		Unit	cea	States
11. MARITAL STATUS	12. WAS OECEDEN FORCES? 1	T EVER IN U.S. A		13. \	WAS DEC	ENDENT OF HISP/ ecify Cuban, Mexic	ANIC ORIGIN?	Specify Yes o	r No⊷ 14	I. RACE	- American Indian, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V					2 NO Spec		mi, atta.j	20	Specif	het.
											White
15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S Give kind of	Work done	CCUPATIO	ON ast of working	16b. Ki	ND OF BUSIN	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)									
12			Hor	nemalo	er				Don	nest	tic
17. FATHER'S NAME (First, Middle, Last)		D				18. MOTHER'S N			ırname)		
Herrman		Dicker	son			Tuiea	Tea	anie			Slivka
19a. INFORMANT'S NAME (Type/Print)						and Number or Rura			State, Zip Co	ode)	
John J. Strube, i	Jr.					Ct., Pas			2112		
209 METHOD OF DISPOSITION		20b. PLACE					DATE		TION — City	v ov Te-	an State
20e, METHOD OF DISPOSITION  1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem  4 🗆 Donation 5 🗀 Other (Specify)	oval from State	cemetery, or	rematory or o	other place)			1				
21. SIGNATURE OF FUNERAL SERVICE LIC	PAGEE	- Meado	MLIG			lal Park		4 E1	Lkrido	ge,	MD
( )	00			22.1		AN WANHERS OF L					
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23. PART I. Enter the diseases, or a shock, or heert failure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)	complications the List only one cau	ise on each iin	10.	not enter	the mo		n Rd.	Pasade or respire	ena, N	MD	21122 Approximate interval Between Onset and De
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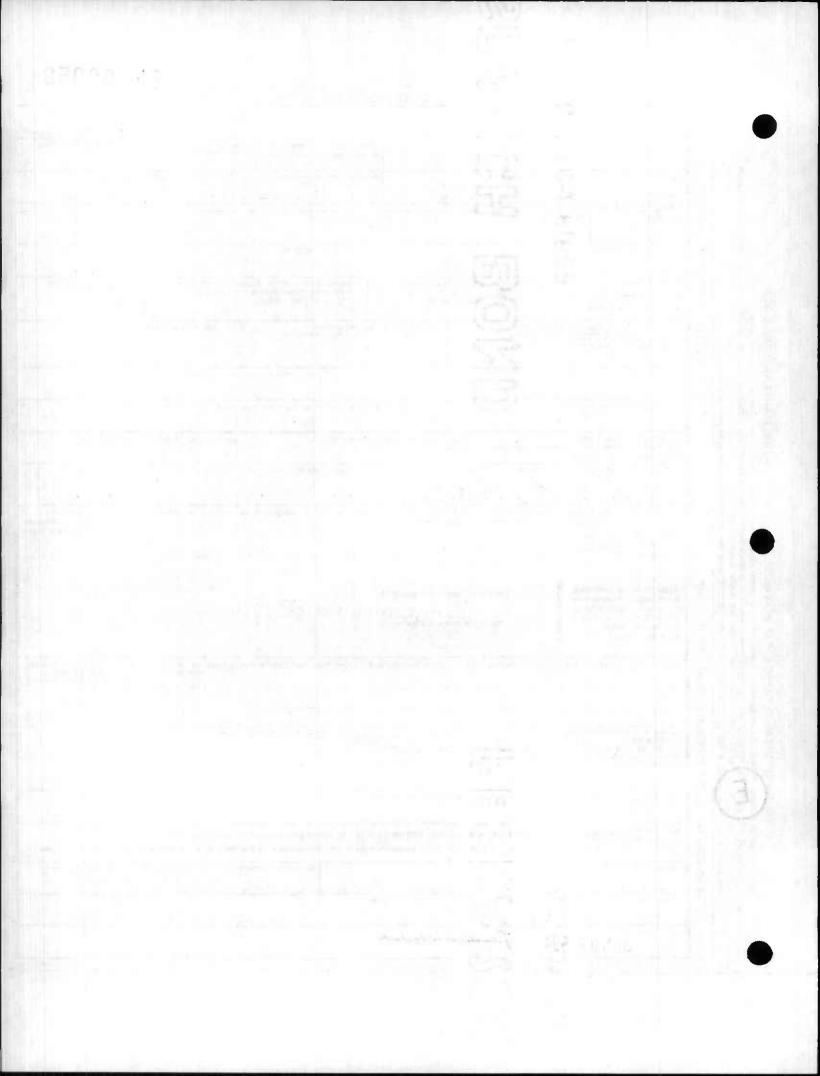
94 00058 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 6.20am Handy WOMBLE 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign 244-01-8893 DAYS (Month, Day, Year) 82 1 M 2 - F YRS. North Carolina Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Baltimore enter Bultimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? beath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burlat-transit 1315 Myrtle Ave 21217 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Welder 18. MOTNER'S NAME (First, Middle, Melden Surname)
Betty Mimms 17. FATHER'S NAME (First, Middle, Last) Don Womble BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 1315 Myrtle Ave. Baltimore, Maryland 2 Betty W. Whitfield Baltimore, Maryland 21217 2 20b. PLACE AND DATE OF DISPOSITION (Name of cometer (1917) POT PACE) 20c. LOCATION - City or Town, State
Baltimore, Maryland 20e. METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State DATE must 1-8 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF EMPLOY SERVICE LICES 22. NAME AND ADDRESS OF FACILITY William C. Brown Community examiner executed within rours after death.

and completely filled in by the funeral o bunal, cremation, or removal. F.H. 1206 W. North Ave. Balto. Md. 21217 medical 23. PART I. Enter the diseases or o omplications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. Approximate ahock, or heart fellure. List only one cause on each line. Interval Betwee **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition Muttiple Cerebrovascular Accident event, 1 resulting in death) Precimonia traumatic CERTIFICATION Sequentisity itat conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events the attending physician Mental Hygiene prior to Heart Failure Congestive
DUE TO (OR AS A CONSEQUENCE OF): other resulting in death) LAST 5 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t Health and any 1 YES 2 NO OF DEATH? 1 TYES 2 NO t. of h PHYSICIAN: has b Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) ertificate the State HOSPITAL: OTHER: 1 TES 2 ND 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 28a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide DIR 29a. CERTIFIER

(Chark and )

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL WITHIN 72 I 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA TO THE FUNERA De find within 72 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE D102 94 OVWV House Officer 38493 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Typ greene St Baltimore 21201 JAN 0 4 1994 32. HEGISTRAR'S SIGNATURE



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physical properties that the death certificate be executed within mours after death.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the buria	It is within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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00059 94 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR **VERA** WRIGHT January 994 :45 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR DAYS HOURS 1 🗌 M 2 💭 212-16-9249 86 03-30-07 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY NONE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 918 N. CAROLINE ST. 21205 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, 1 TES 2 NO Specify: 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Divorced AFRICAN AMERICAN COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) LAUNDRY 4th none PRESSER 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) EDDIE LEE SARAH HURT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CELESTINE JOHNSON 918 N. CAROLINE ST. BALTIMORE, MD. 21205 20a. METHOD OF DISPOSITION

1 Suriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Buriel 2 Cremeuron — Donation S Other (Specify) ZION CEMETERY 1/6/94 Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Bety Onset and Death IMMEDIATE CAUSE (Final disease or condition ASpiration ()
Due to (or as a consequence of): (ASPIRATION) 15 min. resulting in death) ncephalopath 1 month (ENCEPHALOPATHY) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING 1 month Seizures (SEIZURES) CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST BY PHYSICIAN: MEDICAL

Aspiration Processing (ASPIRATION F	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO				
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only o	nne)	
EXAMINER?	HOSPITAL: 1 Inpetient 2 - ER/Outpetient	OTHE	R: reing Home 5 🗆 Realdenca	6 🗆 Oth	er (Specify)	
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28d. DE	DESCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, fa		OCATION (Street and Number or Rural Route Number, ly or Town, State)		
onel —	ICIAN: To the best of my knowledge, d					

296. SIONATURE AND TITLE OF CERTIFIER		29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Ye
Dusun 1 3ceman, MD	INTERN		► 1/1/94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

(1) S A2 / 7. I FMAN TOWER 110 JUHNS HOPKINS HOSP. BALTIMORE, MD

31. DATE FILED (Month, Day. 32, REGETBAR'S, SIGNATURE PEDFO JO - - - - OF STATE OF CORDS

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but the filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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CERTIFICATE OF DEATH REG NO 1. OECEDENT'S NAME (First, Middle, Last)
HERBERT T. ALLISON 2. DATE OF DEATH 3. TIME OF DEATH 11:45 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, 220-10-4409 DAYS 01 1 2 H 2 F 13 MARYLAND 20 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH CTOR HARBOR HOSPITAL CENTER BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION DIREC 10d. INSIDE CITY
LIMITS? X
1 YES 2 NO PASADENA MARYLAND ANNE ARUNDEL 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE U.S.A. 21122 1427 AMPHIBIAN DRIVE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) AUDITOR U.S. GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) GLADY'S R. MYERS JACOB H. ALLISON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1427 AMPHIBIAN DRIVE-PASADENA, MD. 21122 SARAH M. ALLISON 20s. METHOD OF DISPOSITION
1 Surfal 2 Cremetton Removal from State
4 Donation 5 Other (Specify)
21. SIONATURE OF PUNCTURE APPRICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata GLEN HAVEN CEMETERY GLEN BURNIE, MD. 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 2106 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 21061 0-23. PART I. Exfer the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellule. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** 180 humo Heave discore disease or condition \_\_\_\_ DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO atlant 2 - ER/Outpetlant 3 - DOA 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Pitagadet JUM RUSSIRIAM -94 AS2441614-50 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAN 0 5 1994 DHMH-16 Bey 1/89

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		1 - STATE OF MARYLAND / DEPAR REGISTRAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	94 00061
		1. DECEDENT'S NAME (First, Middle, Last) Nicholas Willia  WILL  A. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)	M Aumiller, Sr	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH  YEAR AM  8. BIRTHPLACE (State or Foreign
pinods		218-01-9279 1 (XI M 2 🗆 F 82 YRS.	MONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF O	(Month, Day, Year) 11/1/1911	Maryland
2,3	СТОВ	The Good Samaritan Hospital	Baltimore	90, 00	UNTY OF GEATH
Pages 1,	DIREC	10a. STATE 10b. COUNTY 10c. CIT	, TOWN OR LOCATION Altimore		10d. INSIDE CITY LIMITS?
it permit.	AL AL	10a. STREET AND NUMBER	10f. ZIP CODE		1 [X YES 2   NO
-0020 ling physician. the burial-transit	FUNER	1650 Wadsworth Way  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 VES 2 10 No.	21239	NIC ORIGIN? (Specify Yea or No-	ited States  14. RACE American Indian, Black, Whita, alc.
21215-0020 al or attending physic for use as the burial	D BY	1 Never Married 2 Married  3 W Widowed 4 Divorced  FORCES 1 YES 2 W NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxica 1 YES 2 X NO Specif		Specify: White
2121 al or atter for use a	E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5 +)	USUAL OCCUPATION vork done during most of working e retired.)	16b. KINO OF BUSINESS/IN	NDUSTRY
ND hospit ached	COMPL	2 Dispat	ch Captain	Baltimore Cit	y Fire Department
# 8 4 Z	BE C	John Francis Aumiller  190. INFORMANT'S NAME (Type/Print)  190. MAN ING	Marg	aret F. Maue	r
, No re 5 se 5	2	8204	ADDRESS (Street and Number or Rural Loch Raven		
6 m 6 m		1 X Burial 2   Cremation 3   Ramoval from State   Complexy, crematory, pro-	of DISPOSITION (Name of the place)  Per Memorial Gardens	DATE 20c. LOCATION -	- City or Town, Stata
ALTIM death. Page b funeral direct.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyn	a Leonard J.	Ruck, Inc.	ann, mar julia
BA nours after d d in by the i or removal.		23. PART i. Enter the diseases, or complications that caused the death. Do n	5305 Harfo		rrest, Approximate
124 r		IMMEDIATE CAUSE (Final			interval Between Onset and Death
760, ed within completely al, cremat event, t		resulting in death)  DUE TO (OR AS A CONSEQUENCE OF	rochycord,	-: 10	2 mins
be executed ian and comor to burial, aurmatic ex	TION	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of	ld omy Of	sattly,	Syear
.O. BO certificate by ding physicia tygiene prior r other train	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF	):	,	/
S, P death e atten lental H		resulting in death) LAST			
CORDS ires that the signed by the lealth and Me	DICAL	PART II. Other significant conditions contributing to death but not resulting to HROWIE RENAL FIATUR	n the Underlying ceuse given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Pen Sen	4: MEDIC			_	1 YES 2 NO
23 e 8 a L	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Propertient 2 FR/Ordnesters 3 DOA	26. PLACE OF DEATH (Ch	eck only one)	
OF VII. PHYSICIAN: The this certificate with the State that the State that the the state that th	PHYS	27. MANNEB OF DEATH 28s. DATE OF INJURY 28s. TIM	4 Nursing Home 5 Residence  OF 28c, INJURY AT WORK?	8 Other (Specify)  28d. DESCRIBE HOW INJURY OF	CCURED
	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 28- PLACE OF INJURY — At home, farm, a	M 1 YES 2 NO	28f. LOCATION (Street and Number	er or Rurel Route Number,
DIVISION OR ATTENDING DIRECTOR: After hours after deat	LETE	4 Homicide detarmined		City or Town, State)	
4 4 2 H	COMPLET	(Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurre (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation			
TO THE HOSPIT TO THE FUNER De filed within 7	BE	29b. SIGNATURE AND TITE OF CERTIFIER	29c. LICENSE NUI	ABER 29d. DA	TE SIGNED (Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,		2 24/5	42 21320
		31. DATE FILED (Month, Day, Year)  JAN 0 5 1994  Jan 5 1994  Jan 5 1994	RAVEN BLI	W, 641.10	11/1/2/29
		TOU BUILD			-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	MARY	E.		ANO	lerso	لار		1 7	2. DATE O	F DEATH DA	W	94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  2/4 20 5982  9a. FACILITY NAME (II not institution, give	1 M 2 F	93	VRS.	9b. CITY, T	OWN OF		MIN. ON OF DE	07/	BIRTH Day, Year)		Country	hoslovakia
DIRECTOR	Church Home H			Baltimore Ci					10d. INSI			10d. INSIDE CITY	
RAL	Maryland  100. STREET AND NUMBER  4002 Penningto	n Avenue		Baltimore 101. ZIP CODE 21226							IZEN OF W	1 X YES 2 NO	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARI YES 2 XN OR DATES		lf y	yes, spec	NDENT O	F HISPAN	IIC ORIGIN? n, Puerto Ric			14, RACE	- American Indian, White, atc.	
ETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 6th Grade	UCATION de completed) College (1-4 or 5 +)	(Gi	CEDENT'S we kind of w Do NOT us	USUAL OCC work done du se retired.)	CUPATION ring most	N t of workin	g		Resta			WILLDE
BE COMPL	17. FATNER'S NAME (First, Middle, Last)	John Sitar					18. MOTI	-	ME (First, Mic Zanna	idle, Maiden	Sumame)		
TO E	190. INFORMANT'S NAME (Type/Print) Maryann Grimm				onsta				Route Number Sev				21144
	20e. METHOD OF DISPOSITION  1 💢 Suriel 2 🗆 Cremetion 3 🗀 Red  4 🗀 Donation 6 🗀 Other (Specify)	20b. PLACE A						1/4			City or Tor	wn, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L	Znamus	outh	,					ce Fu Hwy.				A. d. 21225
TIFICATION	disease or condition	5000	2										Oliset stid Dea
ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. She plo bue rollor	AS A CONSECUTION AS A C	PLC.	Jwoy1	90	rell	lifi	5				Onsat site bet
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR d.	AS A CONSEC	DUENCE OF	JWOYT		cause	given in		Y4s. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Sue TO (OR c. Due TO (OR d. Dona contributing to dee	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	DUENCE OF	other:	erlying 26. PLA	ACE OF D	EATN (Ch	eck only one)	PERFOR	MED?	246.	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions the conditions of the conditions o	b. DUE TO (OR c. DUE TO (OR d. Due TO (OR d. Due TO (OR	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF	OTHER:	26. PLA	ACE OF D	EATN (Che	eck only one)  8 🗆 Other (	PERFOR	MED?		WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the conditions of the conditio	b. DUE TO (OR  c. DUE TO (OR  d. Dana contributing to dee  HOSPITAL: 1 Dipatient 2 ER/  28a. DATE OF INJ. (Month. Day, Ye)  28a. PLACE OF IN.	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DOA 28b. TIM	OTHER: 4   Nursire E OF 2 URY M street, factor	28. PLA 19 Home 10 You 1 You y, office	S Representation of the second	EATN (Che seldence	8 Other (28d. DESC. LOCAT City or	PERFOR  I YES 2  Specify)  RIBE HOW II  TOWN, Street a Town, State)	NJURY OC	CURED  or Rural R	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the ceuse of the conditions of the ceuse	b. DUE TO (OR  c. DUE TO (OR  d. DUE	AS A CONSECT  AS	DOA 28b. TIM INJ	OTHER: OTHER: OTHER: UNIVERSE OF URY M street, factor	28. PLA 19 Home 10 You 1 You y, office	S Report Action of the second	EATN (Che seldence	8 Other (28d. DESC	PERFOR  I YES 2  Specify)  RIBE HOW II  TOWN, Street a Town, State)	NJURY OC	CURED  or or Rural R  fied.  ha cause(a)	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (FIRST MILDRE	. D	ELORES	BRAD	FORD		- 01	DEA		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT		YEAR	3. TIME OF DEATH 1:18 P M
		4. SOCIAL SECURITY NUME 218- 30- 5853		5. SEX 1 M 2 KF	6. AGE (In yrs. le	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)			LACE (State or Foreign
, 2, 3 should	ECTOR	98. FACILITY NAME (# not in THE JOHNS	HOPKIN	NS HOSPIT	TAL				IMORE			9c. COUNT	_	
nit. Pages 1,	FUNERAL DIRECT	MARYLAND 106. COUNTY N/a				10c, C/1	ry, town (							10d. INSIDE CITY LIMITS? 1)XX YES 2 NO
n. ansit permit.		1765 MONTEPELIAR STREET						10	7. ZIP COD	218		UNI T		NAT COUNTRY? STATES
attending physician. se as the burlal-transit	B	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 XX Divo		FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		13.	WAS DEC If yes, sp 1 TYES	CENDENT CONCERN CONTROL CONTRO	OF HISPAN In, Mexical Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) //	s or No—	Black,	- American Indian, White, etc.
spital or ed for u	COMPLETED	(Specify only highest grade completed)				ECEDENT'S Give kind of the Do NOT u ISABLE	work done se retired.)	CCUPATION OF THE COURT OF THE C	ON ost of workli	ng	166. KIND OF BU		STRY	
by the	ш	17. FATNER'S NAME (FIRST, M. CHARLES CAR									ME (First, Middle, Meiden REGAN	Surname)		
be retained ge 5 should e notified	TO B	190. INFORMANT'S NAME (1 VANESSA COCH			1	1765	MONTE	B (Street I	AR S	TREET	, BALTIMORE	n, State Zio C	YE'AN[	21218
6 may ctor. pa		20a. METNOD OF DISPOSIT  1 & Buriel 2 Cremetic  4 Donation 6 Other	on 3 🗆 Rem		20b. PLACE come ARB	AND DATE	OF DISPOS	IAL	GARDE	N		BUTUS,		
r death. Pre funeral		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	6				MAR		. 1101 E. N	ORTH A	VENU	
y filled in by stone after the period or remother the medical calls and the medical calls after the medical calls after the medical calls after the medical calls after the medical calls after the medical calls after the medical calls after the medical calls after the medical calls after the medical calls after the ca		23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. MYOCAPOIAL NEAPOND NEW ACCUSED IN THE MODE AS A CONSTRUCTION OF T												
or other traumatic event,	CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  MO CAFO IAL NEARCH NE												
te law requires one the stell has been some the Dept. of Hearth Injury, n 23 shows any injury,	MEDICAL	PART II. Other aignifica	resulting in the underlying cause given in Part I.					Part I. 24a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
a ste h	'SICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R:	04		6 Other (Specify)			
The this	ву РНҮ	27. MANNER OF DEATN  Netural 5  Accident	Pending Investigation	28e. DATE O (Month, i	F INJURY Day, Year)	28b. TIN	ME OF JURY M		JURY AT DRK? YES 2	KNO	28d. DEŞCRIBE NOW	INJURY OCCU	RED	
OR ATTENDING DIRECTOR; After hours after death tem 28 is mail	ETED E	3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — At I , etc. (Specify)	ome, farm,	street, fac	tory, offic	ce		281. LOCATION (Street City or Town, State		Rural Ro	oute Number,
= 2A TA	COMPLI	onel /_									to the cause(a) and me time, data and place, as			end menner ee stated.
TO THE HOSPI TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE	OF CERTIFIE	Hul 1	M				29c. LIC	ENSE NUI	MBER	29d. DATE	3 K	Month, Day, Year)
	TO	30. NAME AND ADDRESS O	. Wor	RE SI		10	Tou	DOR	2	B,	Annon	1.39	10	21287
		31. DATE FILED (Month, Day,	51994	32. BUGISTR	AR'S SIGNATURE	forder	_							

College College

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR	STATE OF MARYL				ENTAL HYGIENE REG. NO.	94	00064		
		1. DECEDENT'S NAME (First, Middle, Last, George Bu	vse Tu				2. DATE OF DEATH DAY	1942	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER 212-22-4946	5. SEX 8. AGE (I		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, pay Year) 8 - 24 - 26	8. BIRT	TNPLACE (State or Foreign		
should		9a. FACILITY NAME (If not institution, give		) / YRS.	-	OR LOCATION OF DEA		9c. COUNTY OF	Md DEATH		
2, 3	CTOR	LIBERTY MEDICAL CENTER BALTO									
Pages 1,	DIREC	10a. STATE 10b. COUN	TY	10c. CITY, 1	TOWN OR LOCAT	ION		10	10d. INSIDE CITY LIMITS?		
permit.	AL	10e. STREET AND NUMBER		DAL		. ZIP CODE	1	10g. CITIZEN OF	14 YES 2 NO		
#S	FUNER	2323 N. LONGW	OOD ST.	II S ADMED	I 42 MMC DEC	21216	C ORIGIN? (Specify Yes or		S.A.		
5-0020 nding physiclan. is the burial-tran	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1X YES	2 NO	If yea, spe	polity Cuban, Mexican 2/2/200 Specify:		Ble	cek, White, etc.		
21215-0 al or attending for use as the	ETED	15. DECEDENT'S ED (Specify only highest grad	le completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo:		16b. KIND OF BUSIN	ESS/INDUSTRY			
	COMPLI	Elementary/Secondary (0-12)	College (1-4 or 5+j	UNKN				72			
rLAN by the ho be detact		17. FATNER'S NAME (First, Middle, Last)  GEORGE W. BU	RSE SR.	18. MOTNER'S NAM	E (First, Middle, Malden Sur	rname)	Akes				
MARYLAND cretained by the hospital 5 should be detached for notified at once.	TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ac	oute Number, City or Town, S	State, Zip Code)			
		FRANCES BUR	20b.	PLACE AND DATE OF			BALTO, MI	D = 212			
LTIMORI ath. Page 6 ma meral director, p		XXSurial 2 Cremation 3 Read 4 Donation 5 Other (Specify)	moval from Stata	arrison For	est' Vet		1694 Owin	gs Mills			
S. F. G.		Hale	Mar	h		RCH F/H-	WEST 4300	O WABA	ASH AVE		
BOX 68760, firste be executed within mount physician and completely filted in ne prior to burial, cremation, or her traumatic event, the m	RTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. A cute C  DUE TO (OR AS A  DUE TO (OR AS A  C.	erebrol	vascu	lar Acu		lory arrest,	Approximate Interval Batween Onset end Daath  5 A ays		
D = 5 - 6	CERT	resulting in death) LAST									
RECORDS  requires that the d been signed by the t, of Health and Mee	MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Hypertension							NO. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
一年 皇皇 馬	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che					
OF PHYSIC this cer with th	BY PHYS	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ	URY AT HRK?	28d. DESCRIBE NOW INJU	URY OCCURED	577		
ISIC TTENDI TTENDI TTOR: A after d	ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY	— At home, tarm, stre	et, factory, office		28f. LOCATION (Street and City or Town, State)	l Number or Rure	il Route Number,		
로로	COMPLET	onel	SICIAN: To the best of my knowl IER: On the basis of examination						e(a) end manner as stated.		
TO THE HOSPI TO THE FUNER TO THE WITHIN	BE	296. SIGNATURE AND TITLE OF CERTIFI	ick III r	1, D,		29c. LICENSE NUM	65 2	Jan	ED (Month, Day, Year) 1 1994		
F F A \$	5	30. NAME AND ADDRESS OF PERSON W	WICKS III	ATH (ITEM 27) (Type, Pr	int) 2600	2 Liber	65 ty Heigh	nts	15:11		
		JAN 0 5 1994	Juli Kirilan	Aladale					5-10		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,	
be fled within 72 bours after death with the State Digit, of Health and Mental Hygiene prior to burial, crema	
TO THE FUNERAL DIRECTOR AND THE PROPERTY OF DESIGNED BY THE ATTENDING PHYSICIAN AND COMPLETE	
TO THE HIGSPITAL OR ATTENDING PHYSICIAN. The law inquires that the death certificate be executed within	
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	
The state of the s	

2 Accident

3 🗌 Sulcide 4 Nomicide

4	1. DECEDENT'S NAME (First, Middle, Last)  DR • I • NORTON BROTMAN							2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH 5:10	
	4. SOCIAL SECURITY NUMBER 217-38-0602	5. SEX 1 M 2 F	6. AGE (In yrs. las	78 YRS. MONTHS DAYS HOURS MIN.			JAN.  7. DATE OF (Month, D.  SEPT	BIRTN lay, Ybar)	Cou	THPLACE (State or Foreigntry)  MD.		
TOR	90. FACILITY NAME (If not institution, give to 7SLADE: AVE., APT.			č		WN OR LO	CATION OF DE			COUNTY OF		
DIRECTOR	100. STATE 100. COUNT  MD. BA	Y LTIMORE	1150	10c. CIT	Y, TOWN OR I	OCATION ALTIN	MORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
IERAL	100. STREET AND NUMBER 7 SLADE AVE., APT	.#818	l n		101. ZIP	1208		10g.		S.A.		
MPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOEI FORCES? IF YES, GIVE V		If ye	s, specify	NT OF NISPAI Cuben, Mexica NO Specifi	in, Puerto Rica	Specify Yee or No an, etc.)	Bla	CE — American Indian, ack, White, etc. acity: WHITE		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+)	ECEDENT'S live kind of Do NOT u		PATION ng most of t	working	16b. Kil	DENTIS			
COMPL	17. FATHER'S NAME (First, Middle, Leat) ROBERT	S NAME (First, Middle, Last) 18. MOTNER'S NA							AME (First, Middle, Meiden Surname) SADIE			
TO BE	19a. INFORMANT'S NAME (Type/Print)  MRS. ESTHER BROTMAN  19b. MAILING ADDRESS (Street and Number or Rural Poute Number; City or Town, State, Zip Code)  7 SLADE AVE., APT. #818, BALTO., MD. (21208)									8)		
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem 4 Donation 6 Other (Specify)							SPOSITION (Name of 1/3/94) OATE 20c. LOCATION — City or Town, State IZUK AMUNO CONG.) BALTO. CITY				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SOL LEVINSON & BROS., INC.									MD. (21215		
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ce	ym P								Approximats Interval Betwoonset and D	
NOI	Sequentially list conditions, if any, leading to immediate	b. Due to for as a consequence or:  Due to for as a consequence or:								6 HR		
RTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO	OR AS A CONSE	OUENCE O	P):							
EDICAL CE	PART II. Other significant condition	ns contributing to	o death but not	reaulting	In the unde	riying cau	ise given in		He. WAS AN AUTOI PERFORMED?	1	4b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL				26. PLACE	OF DEATH (Ch	neck only one)				
77	1 YES 2 TUNO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Nome 5   Reside				Danidana						

29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated.

26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

D/DD36 My D | M9 9 4 (Month, Day, Year)

	-	V			100		0.	- Control	111
30. NAME AN	D ADORE	ESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH	(TEM 27) (Type,	Print)		1	,,
680	4	Park	Hein	it .	ane	13al	femore	. and	212/5
			11 - 010	-	-			/	

32. PEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) JAN 0 5 1994

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

	B. K. S							
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		00066	
	JERRY	CHAT	MAN		2. DATE OF DEATH DO O 1	AY YE.		
- 8	000 64 0000	6. AGE (III		DER 1 YEAR IF UNDER 24 HRS.  B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10- 17- 60		BIRTHPLACE (State or Foreign Country) CAROLINA	
FOR	98. FACILITY NAME (If not institution, give stree JOHNS HOPKINS HOSP RESIDENCE OF DECEDENT			TY, TOWN OR LOCATION OF I		9c. COUNTY		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND n/a		10c. CITY, TOW	N OR LOCATION ALTIMORE			10d, INSIDE CITY VINITS? 1 YES 2 NO	
FUNERAL	1132 E. NORTH AVENU	JE .		101. ZIP CODE 21202		109. CITIZEN UNITED	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	3. WAS DECENDENT OF HISP. If yes, specify Cuber, Maxic  1 YES 2 NO Specify NO Specific No. Speci	can, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: BLACK	
COMPLETED								
BE CON	17. FATHER'S NAME (First, Middle, Last) DAVID LEE DEW			18. MOTHER'S N VIRGIN	IAME (First, Middle, Maiden IIA CHATMAN	Surneme)		
10	19a. INFORMANT'S NAME (Type/Print) VIRGINIA CARTER		196. MAILING ADDRE	NORTH AVENUE,	BALTIMORE, MA	n, State, Zip Code RYLAND	21202	
	20e, METHOD OF DISPOSITION 1 IS Buriel 2 Cremation 3 Femove 4 Docation 5 Other (Specify)		PLACE AND DATE OF DISP PCT NG THE MORE THE	PÄRK	RAN	DALLSTOW	or Town, State N, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Costo		2. NAME AND ADDRESS OF F WM. C. MARCH FH	I 1101 E. N			
	23. PART I. Enter the diseases, pr conshock, or heert failure. List IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	R Dnly one cause on ea	ch line.	DER CIEW			Approximate Interval Between Onset and Death	
RTIFICATION	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of	contributing to death bu	it npt resulting in the	underlying cause given l	n Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	IOSPITAL:	OTH					
ВУ РНУ	27. MANNER OF DEATH  1XXNstural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED	
	3 Suicide S Could not be detarmined	28s. PLACE OF INJURY building, stc. (Special Control of the Contro	At home, farm, street, f	actory, offica	281. LOCATION (Street City or Town, State)		ural Route Number,	
COMPLETED	one) —			e time, data and place, and du y opinion, death occured at th			use(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ekull		29c. LICENSE NI			NED (Month, Day, Year)	

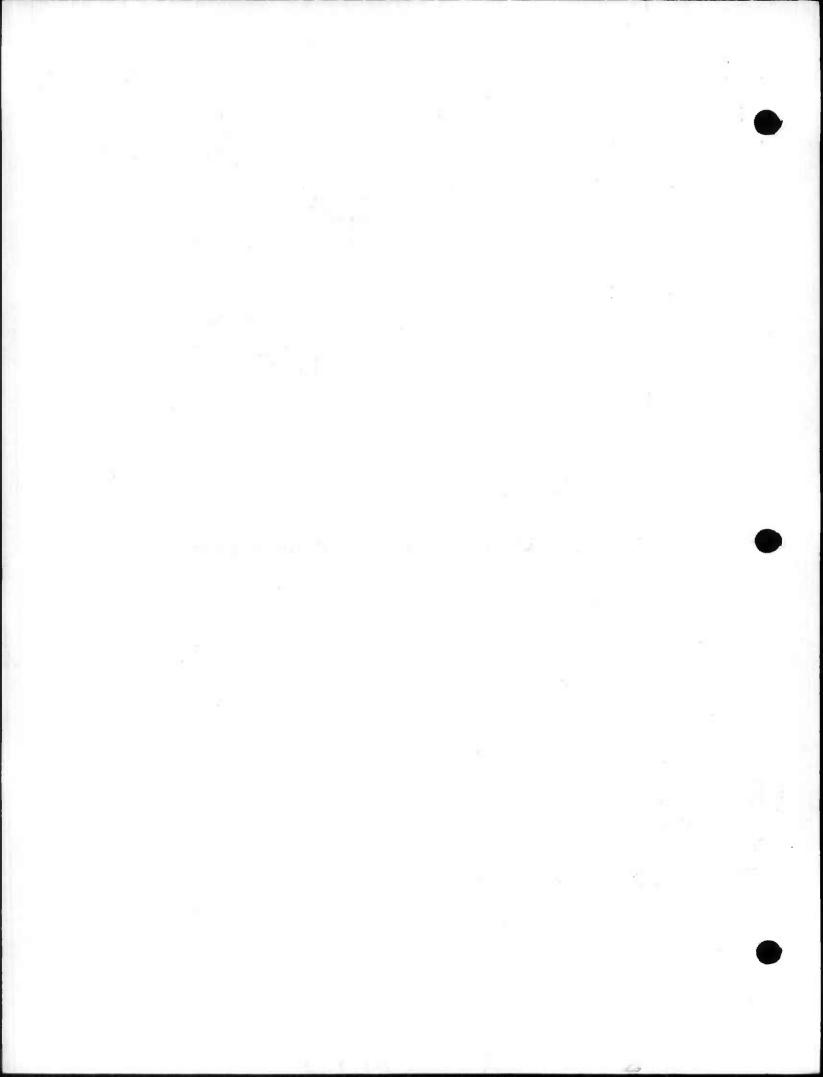
COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

<u>Margarita Korell</u> M.D 111 Penn Street, Baltimore, Maryland 21201

31. DATE FILED (Month, Day, Year)

JAN 0 5 1994





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ID THE COPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24hours after death. Page 6 may be retained by the hospital or at	THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	A P	IMPORTENT If them 28 is marked or flem 23 shows any injury or other traumatic event the medical examiner must be notified at once.
E	¥	E E	2
2	F	2	3
d	,		

31. DATE FILED (Month, Day, Year)

JAN 0 5 1994

32 REGISTRAR'S SIGNATURE

Julie Swidow-Pander

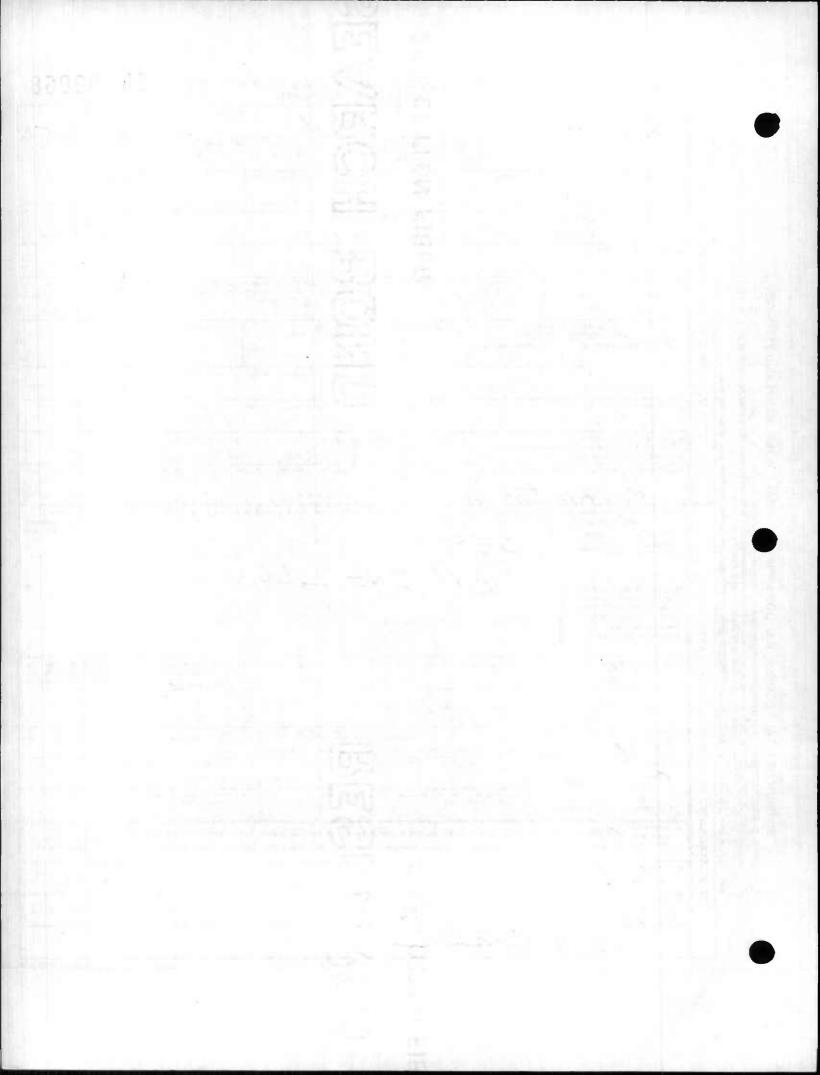
	FOR 1 _ STATE	STATE OF I	MARYLAND /	DEPAR	ITMEN'	T OF H	FAITH	AND	MENTAI	HYGIEN	F (	) l.	00067
	1 - REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO.		7 -8	00007
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
n	Frances Coring	e Colli	ns							1.3.		YEAR	1:15A
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. ie:	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	994	8. BIRTH	PLACE (State or Foreign
	227-28-5811	1 - M 2 X F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year)	0.25	Country	,
	9e. FACILITY NAME (If not institution, give	etreet and number)	00		9h CITY	/ TOWN C	R LOCATI	ON OF D		10,1		TY OF DE	ryland
Œ								2. 10. 5	EAIH		Sc. COOK	ITY OF DE	AIH
임	3443 Dunhaver	Rd.				Dunc	<u>lalk</u>				Ba:	Ltim	ore
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION		-				10d. INSIDE CITY
등	Md. Bal	timore		D	und	0 3 1c							LIMITS?
	10e. STREET AND NUMBER	timore		П	unu		ZIP CODE	6			40- 0171		HAT COUNTRY?
BY FUNERAL		D 1									10g. CI112	ZEN OF W	HAT COUNTRY?
쀨	3443 Dunhave	7					122					S.A	
모	1 Never Married 2 Merried	12. WAS DECEDEN	YES 2		13.	WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN III. Puerto f	? (Specify Yes	or No-	14, RACE Black	— American Indian, , White, atc.
≿	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TES	2 NO	Specif	y:			Specif	y:
		1											White
	15. DECEDENT'S EDI (Specify only highest grad	e completed)	/G	CEDENT'S live kind of the Do NOT us	work done	during mo.	ON st of workin	ng	.16b.	KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5	+)		,								
COMPLETED	12th		Ch	ar-W	oma	n				Beth-	-Stee	21	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, A	Middle, Meiden	Surneme)		-
BE	Ernest Baugher						Ru	by :	Newt	on			
2	19a. INFORMANT'S NAME (Type/Print)				ADDRES	S (Street a	nd Number	or Rural i	Route Numb	ber, City or Town	n, State, Zip	Code)	
F	James W. Colli	ns		3443	D111	nhav	en	Rd.	Bal	timor	e. N	1d	21222
	200. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS	SITION /Ne		2(0.	OATI		CATION - (		
	1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	Gard	ematory or o	of	Fait	h		1/6	Do 3	+ i m c		Md.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	27.0A	CILO			D ADDRES	SS OF FA		IDal	LIMIC	TE,	Mu.
	· Colt (	Conne	lly		7	110	Sol	ler:	s Pt	. Rd.	Dund	la l k	ndalk 21222
	23. PART I. Enter the diseases, or shock, or heart failure.	complications tha	t caused the de	eath. Do r	not enter	tha mo	da of dyl	Ing, suc	h aa card	ilac or reapi	ratory arra	st,	Approximats
	IMMEDIATE CAUSE (Finel	Liet Offiny Dria Cat	ise on when line										Interval Between Onset and Death
	disease or condition resulting in death)	. Co.	1	Dane	A		. 13	110	it				
	resulting in death)	DUE TO	(OR AS CONSE	OUENCE O	F):	7	-						
2	The same and the same and the same and	· mo	To to	7	1	de.			0	Oca.			2 405
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F): /	Jus	THE	7120	cay	can	1	- Ma	- smy
E I	cause. Entar UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. Sugarious cell carenone bosey shall DIE TO (OR AS A CONSEQUENCE OF):						Gull 71					
Ĕ	CAUSE (Diseese or Injury that Initiated events	DOE TO	(OR AS A CONSE	OUENCE O	F):		7		To Y	up v	/	11-	- Tong
E	resulting in death) LAST	· Sa	rome		10	000	-		· mar	te		.0	Rasolie
8											700	rax	WEYW GA
AL.	PART II. Other significent condition	ns contributing to	deeth but not i	resulting	in the ur	nderlying	cause g	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
S										1 TYES 2		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä													OF DEATH?  1 YES 2 NO
-													1 123 2 1 110
Z	25. WAS CASE REFERRED TO MEDICAL	T				26 Pt	ACE OF D	EATH (Ch	eck only on	01			
PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO	HOSPITAL:	ED/Outputters 2	□ <b>224</b>	OTHE	R:							
ž	27. MANNER OF DEATH	28e. DATE OF		28b. TIM	7	28c. INJI		sidence	8 Other				
	1 Natural 5 Pending	(Month, D	ay, Year)		URY	WO	RK?	, I	280. DES	CRIBE HOW II	AJURY OCC	URED	
BY	2 Accident Investigation	20. 51 405 -	E IN HIPV		***		ES 2	I MO					
	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At ho etc. (Specify)	ime, term, i	street, fact	tory, office	,		28f. LOCA	ATION (Street a or Town, State)	ind Number i	or Rural Ac	oute Number,
ET													
필	(Check only 1 CERTIFYING PHYS												
COMPLETED	one) 2 MEDICAL EXAMIN												end menner ee stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE						(Month: Clay, Warr)
œ	Muil and	1. X40	O.Da.	n	0		1		136		1	101	od .
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CALL	corner de	4.07.7	21.0		~	. 0 /	20		1	1/	77

DHMH-16 Rev 1/89

March Committee

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second contract of the second contract of
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	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	IAME (First, Middle, Last) Rev. John 2. DATE OF DEATH 3. TIME OF DEATH											
	4. SOCIAL SECURITY NUMBER	s. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	- 9	BIRTHPLACE (State or Form					
	579-58-5874 9a. FACILITY NAME (If not institution, give	1 M 2 F	85 YAS.	MONTHS DAYS	HOURS MIN.	10/4/19(	96. COUNTY	New York					
TOR	St. Charles				nsville		11/2/19/20	ltimore					
DIRECTOR	Maryland Bal	timore		y, town or Loc Catons			10d. INSIDE CITY LIMITS?						
ERAL E	100. STREET AND NUMBER				of, ZIP CODE			1 YES 2 X N					
FUN	603 Maiden  11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	IN U.S. ARMED S 2 XNO	If yes, t		ANIC ORIGIN? (Specify Ye cen, Puerto Rican, etc.)		L RACE — American Indiar Black, White, etc. Specify:					
LETED BY	3 Wildowed 4 Divorced  15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	life. Do NOT u	work done during r se retired.)	most of working	16b. KIND OF BU		STRY White					
COMPL	17. FATHER'S NAME (First, Middle, Last)	5+	Cath	olic P	_	Chu	ırch	MD 21210					
BE C	Bernard	No	ra	Re									
5	19a. INFORMANT'S NAME (Type/Print)  Rev. Jerry Br	own. S.S.			nd Ave.	Baltimo							
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re	2	0b. PLACE AND DATE	OF DISPOSITION /	Name of	DATE 20c. LC	OCATION — CIT	y or Town, Stata					
	1 M Burlet 2 Cremetion 3 Removed from State   Cambelery, crematory or other pigce)   Cambelery, crematory or other pigce)   Sulpician Cem. 1/6/94 Baltimore, MD												
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF	NB FI:	LEC	35							
MEDICAL CE	PART II. Other algnificant condition	ona contributing to death	but not reaulting	in the underlyi	ng ceuse given i	PERFO	PERFORMED?  1 YES 2 NO COMPLETION OF CA OF DEATH?						
SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF OEATH (C	Check only one)		1   YES 2   N					
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Ou 28e. OATE OF INJURY (Month, Day, Year)	7 28b. T/h	4 Nursing Ho	ome 5 Residence NJURY AT VORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED					
E	3 Suicide 8 Could not b. 4 Homicide determined	28e. PLACE OF INJUI	RY — At home, farm, pocify)	street, factory, of	lice	281. LOCATION (Street City or Town, State		Rural Route Number,					
BE COMPLE	onel	SICIAN: To the best of my known											
B	200. BIGHADATHE AND TITLE OF CENTIFI	u_		187	29c. UCENSE NI	UMBER 1649	29d. DATE 9	SIGNED (Month, Day, Year) - 4-94					
10	SANBANDAM	SARKALA	DEATH (ITEM 27) (Type 345	S-Wi	lkens	Ar, Ba	etim	54 4021					
	31. DATE FILED (MONTH), Day, Year)  JAN 0 5 1994  JAN 0 5 1994												



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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DIFFICIENCY PRESIDENT. The law requires that the death certificate be executed within	E FUNE IM. CHARTICAL AND THE CERTIFICATE has been signed by the attending physician and complete	be filed within 72 hours are death, the State Dept. of Health and Mental Hygiene prior to burial, crema
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IMPORTANT: If Item

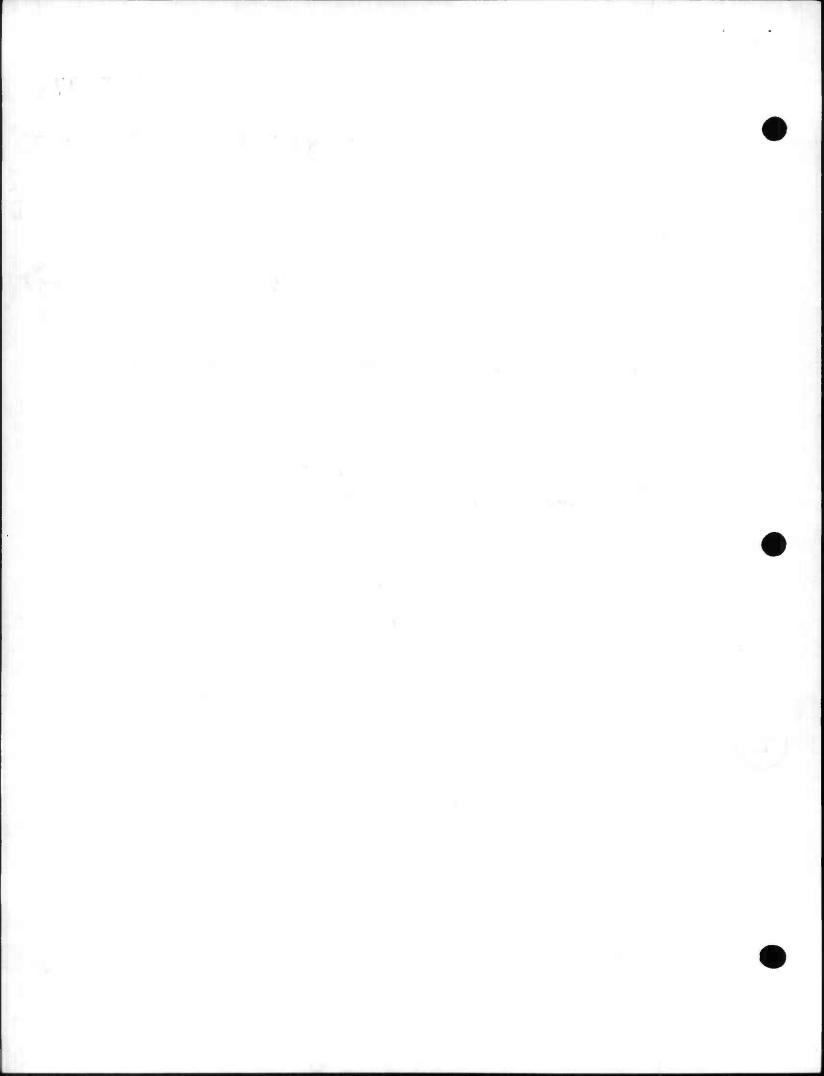
a tentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR urs after death. Page 6 may be retained by the hospital or attending physician. first, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 94 00069

1. DECEDENT'S NAME (First, Middle, Last)	0 10		2. DATE OF DEATH	y OZE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday) IF UNDER	I YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	9.3	IRTHPLACE (State or Foreign
216-01-3491 QUE 8	6 YRS. MONTHS	DAYS HOURS MIN.	06 25-C		MARYLAND
9a. FACILITY NAME (If not institution, give street and number)	9b. CITY,	TOWN OR LOCATION OF DE	ATH	9c. COUNTY C	DF DEATH
SINAI HOSPITAL RESIDENCE OF DECEDENT		BALTIMORE			
10e. STATE 10b. COUNTY	10c. CITY, TOWN OF	R LOCATION TIMORE			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN	1 TYES 2 NO
2518 Farrington	Rd	212	09		JSA
11. MARITAL STATUS 1 Never Married  12. WAS DECEDENT EVER IN FORCES? 1   YES IF YES, GIVE WAR OR DATE.	U.S. ARMED 13. V	AS DECENDENT OF HISPAN yes, specify Cuban, Mexical			RACE — American Indian, Black, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT	ES <sup>AA</sup> 1	YES 2 X NO Specify		S	Causasia
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OC (Give kind of work done d	CUPATION uring most of working	16b. KIND OF BUS	SINESS/INDUSTR	00019
Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)				
12 17. FATHER'S NAME (First, Middle, Last)	MANAGEME		ME (First, Middle, Maiden		S. GLASS CO.
WILLIAM C	APLAN	ROSE			HEYMAN
190. INFORMANT'S NAME (Type/Print) MRS SONIA CAPLAN		(Street and Number or Rural F			
	PLACE AND DATE OF DISPOSI	TION (Name of	DATE 20c. LO	CATION — City of	or Town, State
4 1 Donation 5 Dother (Specify)		H)ATTZ CHAT		ALTIMOF	RE.MD
21. SIGNATURE OF PUNERAL SERVICE LICENSEE	22. 1	SOL TEVE	NSON & BRO	S TNC	
23 BART I. Sinter the disease's, or complications that caused	6	OLO RETSTER	STOWN RD B	AT.TTMOE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	dial Electrical Car  consequence of:  consequence of:			ia.	Onset and Death
	Sei Zure	disorder for 15 yr	PERFOF 1 PES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL FXAMINER?  1 PYES 2 NO HOSPITAL: 1 location 2 ER/Outcome	OTHER				
27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF	ing Home 5 M Residence 28c. INJURY AT	6 U Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURE	D
1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY M	WORK? 1 YES 2 NO			
3 Suicide 6 Could not be 4 Homicide detarmined 28s. PLACE OF INJURY - building, atc. (Specific	At home, farm, street, facto	ry, office	26f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the best of axemination					rse(a) and menner as stated.
200 SIGNATURE AND TITLE OF CERTIFIER	40	29c. LICENSE NUM	IBER ) 8-5	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print)	I I I I			
31. DATE FILED (Month, Day, Year) 32. REGISTRANT SIGNAL	THE A				
JAN 0 5 1994	- Russel				
ONIT U DIO . TU	_				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

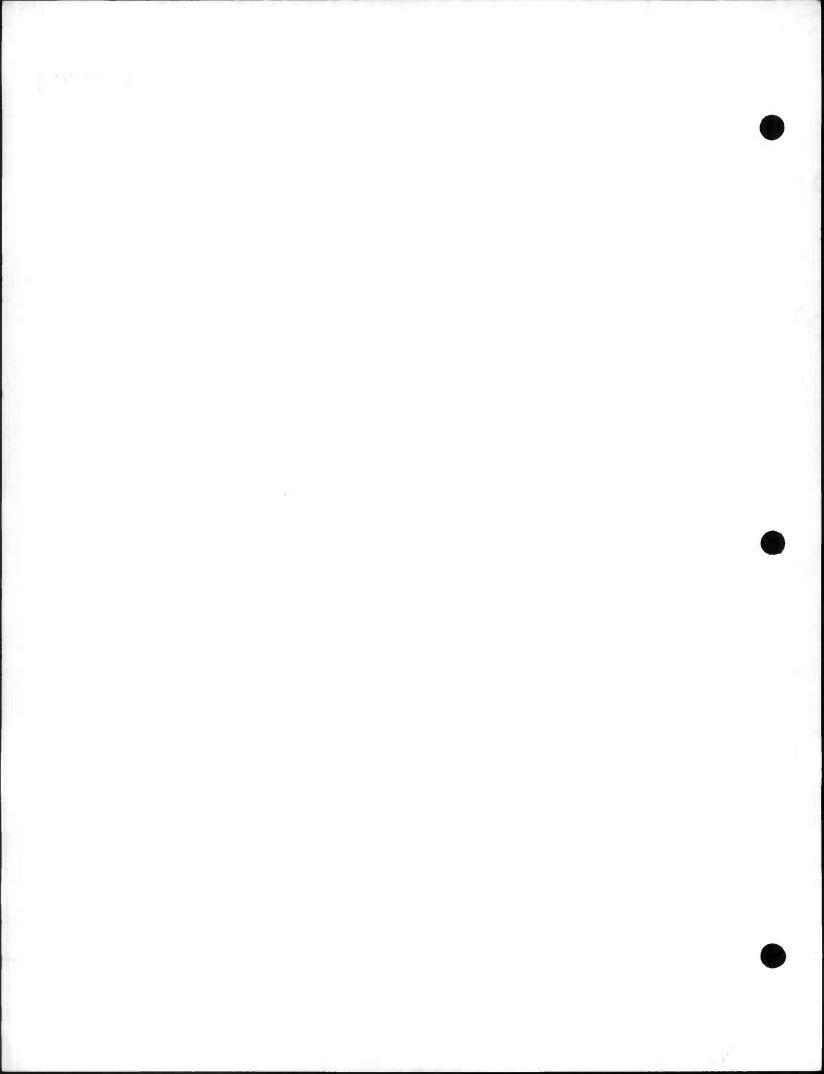
BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	v removal.	nedicel examiner must be notified et once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSCAM THE WAY quires that the death certificate be executed within 24 hours after death. Page 6 may be rotained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this concernment of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the common of Health and Mental Hyglene prior to burial, cremation, o	IMPORTANT: If Item 28 is reperked, or item 23 shows any injury, or other traumetic event, the medicel examiner must be notified et once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		PARTMENT OF I		ENTAL HYGIENE REG. NO.	94	00070	
- 5	1. DECEDENT'S NAME (First, Middle, Last)				2	. DATE OF DEATH		3. TIME OF DEATH	
	اهل	en L.		Delan	eu . Jt.	MONTH DAY	94	0020 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthe		IF INDER 24 HRS. 7	DATE OF BIRTH	8. BIFT	THPLACE (State or Foreign	
	212-52-6775	1XX M 2 D F 46	G YE	IS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) UIV 30.19	17 Cour	arvland	
i ĝ	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF								
DIRECTOR	Howard County Gene	al	Col	umbia		Howard	1		
li ii	10s. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
ā	Maryland Howa		Co1	umbia			1 TES XXXXNO		
A	10e. STREET AND NUMBER		10	I. ZIP CODE	T	10g. CITIZEN OF	WHAT COUNTRY?		
E	10001 Windstreem D	rive Unit 1	IN8		21044	- 1	USA	1	
FUNERAL		12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No 14, RA	CE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuben, Mexican, I 2 X XNO Specify:		Bio	ck, White, etc.	
B	3 Widowed 4 Divorced			''''	22() NO Specify.		Spe	White	
8	15. DECEDENT'S EDUCA	ATION	16a. DECEDE	NT'S USUAL OCCUPATI	ON	16b. KIND OF BUSI	INESS/INDUSTRY	MILLE	
<u>_</u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kini life. Do Ni	d of work done during m OT use retired.)	est of working				
립	12 vrs.	4 vrs.	Vice-	-President		Riggs N	Nationa]	L Bank	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	710				(First, Middle, Malden S			
	John Leo Delaney,	Sr.			Margaret		7.7		
BE	19a. INFORMANT'S NAME (Type/Print)	-	105 144	ING ADDRESS (Sur-	and Number or Rural Rou		Chata 7/a Co. del	<del></del>	
2	Mrs. Nancy Delaney	,						ia,Md.21044	
3	20a. METHOD OF DISPOSITION								
	1 Burial 2 Cremation 3 Remov	val from State C6	metery, cremetory	ATE OF DISPOSITION (N or other plece)			ATION — City or	·	
	4 Donation 5 Other (Specify) Metro Crematory, Inc. 1-6-94 Baltimore, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7401 Belair Rd.								
	Lassahn Funeral Home Balto., Md. 21236  23. PART I. Enter the diseases, or compilections that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate								
	shock, or heart feilure. Li	emplications that cause ist only one cause on	ed the death. I each ilne.	Do not enter the mo	ide of dying, such a	s cardlec or respir	atory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel Onset and Death								
	disease or condition - a. Kespiratory tailure 3 hour								
		DUE TO (OR AS	A CONSEQUENC	DE OF):	- , ,	1		1	
Z	Sequentially list conditions. To. SEPSIS of undetermined Etrology 2 days								
[일]	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS					/ .	1	
CERTIFICATION	CAUSE (Disease or injury	Martons	Synds	10mg 5/P.	Aostic Va	Ive anch	and al	down 10 yea	
틸	that initiated events	OUE TO (OR AS	A CONSEQUENC	CE OF):		0	conta		
토	resulting in death) LAST						0 (101		
2	DATE II Other classificant conditions								
NA I	PART II. Other significant conditions	contributing to deeth	but not result	ing in the underlyin	g ceuse given in Pa	rt i. 24s. WAS AN A PERFORM	MUTOPSY 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICA						1 1 FES 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
뿔						Autops	ry being	1 TES 2 THO	
ä						ario.	rged 9		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF OEATH (Check	only one)	4		
SIC		HOSPITAL: 1   Inpetient 2   ER/Ou	tpatient 3 🗆 DC	OTHER:  A 4 Nursing Hon	ne 5 🗆 Residence 8 [	Other (Specify)			
높	27. MANNER OF DEATH	28s. DATE OF INJURY	28b.	TIME OF 28c, IN.	JURY AT 2	8d. DESCRIBE HOW IN	JURY OCCURED		
	1 Natural 5 Pending	(Month, Day, Year)			PRK? YES 2 NO				
PA I	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJUR	RY — At home, fa	irm, street, factory, offic		BI, LOCATION (Street ar	nd Number or Rum	I Boute Number	
	4 Homicide 8 Could not be	building, etc. (Sp.	ecify)	, , , , , , ,		City or Town, State)	TO THORNOOT OF THORE	riodio rigritali,	
9	29a, CERTIFIER								
필	(Check only	IAN: To the best of my kno							
COMPLET	2 MEDICAL EXAMINER	On the basis of examinati	ion and/or investi /	gation, in my opinion,	leath occured at the tirr	ne, data and place, and	due to the cause	(aj and manner as stated.	
l m l	296. SIGNATURE AND TITLE OF CERTIFIER	V //			29c. LICENSE NUMBE	B	29d. DATE SIGNE	ED (Month, Day, Year)	
0	Kussell O	. Other	1-0%	usidan	H301	158	1/2	194	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF O	EATH (ITEM 27)	(Ppe, Print)	., 000		, , ,	117	
	RUSSELL O. SCHUB	roadula	appois	Engal D.	מון ממ	アエつノー	1 31 11	WB A 2/044	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIG	NATURE_	FARM RO	111,5411	E Edly	LUCUI	4814MD 21044	
	1/2/30N 0 5 1994	Juli Dans	400 Rando	ul.	,				
	TUDINIU J 1334	1//	•						



		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.		00071	
		1. DECEDENT'S NAME (First, Middle, Last)  MARIO N	ThomA	5	Dill	'	2. DATE OF DEATH MONTH DA	AV 9 44	3. TIME OF DEATH 0933M	
ъ		4. SOCIAL SECURITY NUMBER 216 76 8583	5. SEX 6. AGE (III	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou Md	THPLACE (State or Foreign intry)	
2, 3 should	TOR	90. FACILITY NAME (If not institution, give st  521 D.d.  RESIDENCE OF DECEDENT	DAK R	d		evel		9c. COUNTY OF	DEATH	
t. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY			, TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 X YES 2 NO	
n. ansit permi	FUNERAL	4210 Frederick	Avenue		101	21229		U.S.A.	F WHAT COUNTRY?	
21215-0020 or attending physician. rr use as the burial-trar	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bla	ACE — American Indian, ack, White, atc. ecfly: Lte	
2 2	<b>APLETED</b>	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us  Labore	•	ON ist of working		siness/industry		
YLAND 2 by the hospital be detached for	COMPL	17. FATHER'S NAME (First, Middle, Last) Donald Ellswort	h Dill				ME (First, Middle, Malden			
MARYLAND retained by the hospit 5 should be detached notified at once.	TO BE	19a. INFORMANT'S NAME (Type/Print) Victoria Lubinsk	19b. MAILING ADDRESS (			Virginia Sylvia Willey  ORESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)				
RE, IN ay be re page 5		20a. METHOD OF DISPOSITION	20b.		elmsford		Balto., Md.	21220 CATION — City or	Town State	
MORE, age 6 may be director, page		1 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State ceme	etery, crematory or of	ther place)	natory 1_		ltimore,		
BALTIMOR after death. Page 6 may by the funeral director, p moval.		► Chale D	. Zeiler		Charl 6224	es S.Zei Eastern	ler & Son	Inc.		
24 hours filled in don, or re		IMMEDIATE CAUSE (Finel	omplicatione that coused List only one couse on ea	ch line.			as cardiac or respi		Approximata Interval Between Onset and Death	
	NO	Sequentially list conditions,	o							
SOX te be sician prior t	ICATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  C.								
P H P	ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ī): 					
the d	A.	PART II. Other significent condition	contributing to deeth bu	it not resulting i	n the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
C 2 8 0 5							1 YES 2	The	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
2 8 8	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ick only one)			
2 11 5	HAS	1 TYPES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpe	28b. TIM	4 Nursing Hom	URY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED		
ON Sing Pr After III Geath	P.	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28e. PLACE OF INJURY		M 1 🗆 1	PRK? YES 2 NO	and t continue		10	
TISI NTTEN STOR: after		4 Homicide determined	building, etc. (Specif	y)	areet, factory, orne		281, LOCATION (Street a City or Yown, State)	ind Number or Rura	I Floute Number,	
DI HOSPITAL OF UNERAL DII HITHIN 72 HOL	COMPL	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle						o(e) and manner se stated.	
TO THE P. De filed v	BE	296. SIGNATURE AND TITLE OF CERTIFIER	Some	Dep	nuty	29c, LICENSE NUM	D6054	29d, DATE SIGNE	ED (Month, Day, Year)	
	-	30. NAME AND ADDRESS OF PERSON WHO	JONES,	TH (ITEM 27) Type	Priori) B	ex99	20	71)		
	TO THE HOSPITAL OR ATTENDING PASICAN. The requires that the death certificate be executed within 24 To THE FUNERAL DIRECTOR. After the completely file to file within 72 hours after death with 124 To Fours after death	JAN 0 5 1994	REGISTRAR'S SIGNA							





1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

94 00072.

	1. DECEDENT'S NAME (First, Middle, Lest)  Catherine Durant  2. DATE OF DEATH MONTH DAY JCL NUGN 2  3. TIME OF DEATH JCL NUGN 2  4. 3. TIME OF DEATH												
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 MRS. 7. DATE OF BIRTH 8. B.												
	213- 90- 9919	O/ 29-	62 Sountry CAROLINA										
CTOR	9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  10/a  RESIDENCE OF DECEDENT												
DIREC	10e. STATE 10b. COUNT	n/a	10c. CIT	BALTIM	OCATION 10d. INSIDE C LIMITS? 1 XXVES 2								
FUNERAL	100. STREET AND NUMBER 500 E. 27 TH STREET 21218							STATES					
BY	11. MARITAL STATUS  1 X Viever Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes	DECENDENT OF HISPAI apecify Cuben, Mexico (ES 2 X NO Specif		91	CE — American Indian, ack, White, etc. ecity: BLACK					
once. COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10 TH		16a. DECEDENT'S (Give kind of the life. Do NOT us LABORE	vork done during e retired.)	ATION most of working	16b. KIND OF BU	SINESS/INDUSTRY						
76 III	17. FATHER'S NAME (First, Middle, Lest) ISAAC DURANT	ISAAC DURANT EMMA WOODS											
be notified TO BI	190. INFORMANT'S NAME (Type/Print) EMMA DURANT		196. MAILING 500 E	. 27	et and Number or Rural H STREET ,	BALTIMORE, N	n, State, Zip Code) ARYLAND	21218					
must	206. PLACE AND DATE OF DISPOSITION   DATE   206. PLACE AND DATE OF DISPOSITION   Name of   1XX Burlet 2   Cremation 3   Removal from State   4   Donation 5   Other (Specify)   206. LOCATION — City or Town, State   206. LOCATION — City or Town, State   207. LOCATION — City or Town, State   208. PLACE AND DATE of DISPOSITION   Name of   208. PLACE AND DATE   208. PLACE AND												
icai examiner	21. SIGNATURE OF FUNERAL SERVICE LIN	Hollan	d		C. MARCH	1101 E. NOF	RTH AVENUE						
certification	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE O	<b>ግ</b> :				Onset and E					
AL Inte	PART II. Other significant condition	a contributing to death	but not resulting	n tha undari	ying cause given in	e given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIC COMPLETION OF DEFAULY.							
hows							CINO	OF DEATH?  1 YES 2 NO					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	PLACE OF OEATH (Cr	The second of							
marked, or BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. OATE OF INJURY (Month, Day, Year)		E OF 28c.	INJURY AT WORK?	28d. OESCRIBE HOW	NJURY OCCURED						
28 is TED	3 Suicide 5 Could not be 4 Homicide determined	28e, PLACE OF INJUR building, etc. (Spo	Y — At home, ferm, ecify)	street, factory, o	ffice	281. LOCATION (Street City or Town, State)		ni Route Number,					
AP L	one) —	CIAN: To the best of my known.  R: On the basis of examinsti						e(e) end manner se state					
BE POR	29b. SIGNATURE AND THE OF CERTIFIE		MID		29c. LICENSE NU	MBER 2 1 CJ	29d. DATE SIGN	ED (Month, Day, Year)					
			1-14		I seer	131)	Jav	1614					
10	30. NAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type		niun 114	1		1 110 -					

	REGISTRAR		CERTIFI	CATE OF D	LTH AND MI	REG. N	0.	
!	1. DECEDENT'S NAME (First, Middle, Las	,				DATE OF DEATH	DAY	3. TIME OF DEATH
	TARVER A.					1		14 2:24 p
- 1	4. SOCIAL SECURITY NUMBER	1			UNDER 24 HRS.	Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)
1	225-10-1176	1 GM 2 GF	74. YRS.		11111	12-30-1	9	N.C.
۱ ی	9e. FACILITY NAME (If not institution, giv			9b. CITY, TOWN OR L			9c. COUNTY OF DEATH HOWARD  10d. INSIDE CITY LIMITS? 1  YES 2  1 10g. CITIZEN OF WHAT COUNTRY?  14. RACE — American Indies Block, White, etc. Specify: White USINESS/INDUSTRY  1	
Clor	8561 Horsesh	oe Road		Ellico	tt Cit;	<u> </u>	How	ard
RE	10e. STATE 10b. COU		10c. CITY,	TOWN OR LOCATION				
ā	Md. Ho	ward	ETT	icott C	itv			1 YES 2 V NO
¥	10e. STREET AND NUMBER		Md.		CODE		10g. CITIZE	Α
FUNER	8561 Horsesh	oe RdEll		tv.	2104	3	II.	S. A
2	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X Y	R IN U.S. ARMED	13. WAS DECEND		ORIGIN? (Specify		I. RACE - American Indian
8	1 Never Merried 2 Merried 3 Divorced	IF YES, GIVE WAR O		1 - YES 2 0	NO Specify:	ruento rsican, atc.)		
0 1	16. DECEDENT'S E	W.W. T	14- 0505050500					11
ETE	(Specify only highest gra	ide completed)	16s. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of	working	166. KIND OF E	USINESS/INDUS	STRY
2	Elementary/Secondary (0-12)	College (1-4 or 5+)				CT . 7	7.4	
COMPL	17. FATHER'S NAME (First, Middle, Last)	- IV/A	_ Unau	rreur	MOTHER'S NAME	(First, Middle, Maid	_	otor
	Norman Dur	naway						
H H	19e. INFORMANT'S NAME (Type/Print)	14,4,4,4	19b. MAILING A	DDRESS (Street and A	lumber or Rural Rou	a Sauno	OV. State. Zip C	ode)
임	Dorothy V.	Dunawav						
	20a, METHOD OF DISPOSITION 1 2 Buriel 2 Cremation 3 Re		20b. PLACE AND DATE OF					
	4 Donation 5 Other (Specify)	moval from State	cemetery, cremetory or other Loudon Pa	ark Ceme	eteru 1			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							,
G. Truman Schwab  5151 Baltimore National Pil Baltimore, Md. 21229								l Pike
	23. PART I. Enter tha diseasea, o		and the death. Do no	Balt	more.	Md. 21	229	t, Approximata
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,		CANCER AS A CONSEQUENCE OF):  WET JANK! AS A CONSEQUENCE OF):					Onset and D
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAR	O CO VASCUL IS A CONSEQUENCE OF):		4SE			•
AL C	PART II. Other significant conditi	ons contributing to deat	h but not reaulting in	the underlying ca	use given in Pa	rt i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FIND
MEDICA		COPD				PERF	DRMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
						-		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OF DEATH (Check	only one)		
Š	1   YES 2   NO	HOSPITAL:		OTHER:  Nursing Home 5	H Residence 6	Other (Specify)		
五	27. MANNER OF DEATH	26a. DATE OF INJUI (Month, Day, Yea			AT 21	d. DESCRIBE HOW	INJURY OCCU	RED
B	1 Naturel 5 Pending 2 Accident Investigation			M 1 TYES	2 NO			
	3 Suicide 6 Could not b	26e. PLACE OF INJU building, atc. (S	JRY — At home, farm, str.	eet, factory, office	21	H. LOCATION (Stree City or Town, Stat	end Number or	Rural Route Number,
	4 Homicide determined					Only or lown, Star	6)	
곱	290. CERTIFIER (Check only	SICIAN: To the best of my kr	lowledge, death occurred	at the time, date end	plece, end due to	the ceuse(e) end m	enner as stated.	
COMPL		NER: On the baels of examina						
O I	296. SIGNATURE AND TITLE OF CENTRY	ten() /			LICENSE NUMBE			IGNED (Month, Cop. Year)
ω	Mayle 16	Lu fr lus			12784	3	<b>&gt;</b> /	14/94
임	30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)	2001-1	_	1	111
- 10		A /						
	HOSCOT	ALEO 40	TOI DE DSS	4 HAA	01 8	RLICAM	CINU 11	a 2 incla
	31. DATE FILED (Month, Day, Year)  JAN 0 5 199	32. REGISTRAR'S S	101 DORSE	4 HAZE	12 8	KLILON	CITY U	921042

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<b>MARYLAND</b> 21215-0020	A PERSONAL PROPERTY OF
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	es 1, 2, 3 should	
4YSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deet, of Health and Mental Motiene prior to burial. cremation, or removal.	r must be notified at once.
fours after death. Pa	iled in by the funeral d	e medical examine
es that the death certificate be executed within	and by the attending physician and completely fighth and Mental Hydiene prior to burial, cremation	IPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
HYSICIAN: The law requir	his certificate has been si with the State Dept. of He	ted, or item 23 show
THE HOSPITAL OR ATTENDING PHYSI	VERAL DIRECTOR: After the vin 72 hours after death w	VT: If Item 28 Is mark
THE HO	THE FUR	HAPORTAN

1. DECEDENT'S NAME (First, Middle, Lat			ERTIF						AY	YEAR	3. TIME OF DE	
William S. I								January 4	, 199		1:00	P. 1
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) July 15,	7.004	Count		Foreign
217-12-8750	1 🛛 M 2 🗆 F	69	YRS.				107.4				ryland	
99. FACILITY NAME (If not institution, ght) 9901 Berliner Comesidence of Decedent 108. STATE 108. COUNTY 109. STREET AND NUMBER 9901 Berliner Comesident C	ourt, Apar	tment L		50000	time	r LOCATIO	ON OF DE	EATH		ltim	ore Cou	nty
RESIDENCE OF DECEDENT  10a. STATE  10b. COU			10c, CIT	TY, TOWN (	OR LOCAT	ION					10d, INSIDE C	TY
Maryland Bai	ltimore Co	nuntv	Ra	altin	nre						LIMITS?	
100. STREET AND NUMBER	LCLICE CO	raircy	1 1	A.Z. C.III		ZIP CODE			10g. CI1	TIZEN OF	WHAT COUNTRY	-
9901 Berliner Co	ourt, Apar	tment L				2122	0		U.	S.A		
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AF						NIC ORIGIN? (Specify Yes			E — American Ir	dlan,
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2   1 WAR OR DATES L Korea	NO			elfy Cubar 2 XNO		n, Puerto Rican, etc.) y:		Spec		
15. DECEDENT'S E (Specify only highest gri			ECEDENT'S				2	16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	se retired.)		at or working		Baltimo:	re C:	ity_		
12th Grade		Ele	ectri	ician	1			Departm	ent o	or Ex	ducatio	o.
17. FATHER'S NAME (First, Middle, Lest)								ME (First, Middle, Maiden				
William E. Ervir	1							eth Theres			er	
19a. INFORMANT'S NAME (Type/Print)								Route Number, City or Tow				
1	Mary E. Venanzi 5701 Plainfield Avenue, Baltimore, Maryland 21206											
20a. METHOD OF DISPOSITION DATE   DATE   DATE   DATE   Commertion 3   Removed from State   20b. PLACE AND DATE OF DISPOSITION (Name of commercing) or other (Specify)   DATE   Commercing or other (Specify)   DATE												
21. SIGNATURE OF FUNERAL SERVICE	M. Mee	aler		JC JC	hame an	D ADDRES		oad, Balti				
23. PART is Enter the diseases, a shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. AC  DUE TO  DUE TO  C.	at caused the deuse on each line  O (OH AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE	OUENCE O	140 140 19: D				Infa Jail	natory si	rrest,	Approx interval Onset s	Betwee
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  COPD  Rena (Impairment 1 yes 2 pro 1 pro 1 yes 2 pro 1 pro 1 yes 2 pro 1												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 70	HOSPITAL:	☐ ER/Outpatient 3	3 🗆 004	OTHE	R:			eck only one)				
27. MANNER OF DEATH	28a. DATE O		26b. T/A		28c. INJ	-		28d, DE\$CRIBE HOW INJURY OCCURED				
2 Accident investigation 3 Suicide 6 Could not be determined determined				street, fac		-	, 110	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
4 Homicide determined	29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
29a. CERTIFIER (Check only 1 CERTIFYING PH	Commercial Commercial										(a) and manner e	stated.
29e. CERTIFIER (Check only 1 CERTIFYING PH	INER: On the basis of					eath occur	ed at the	time, data and place, ar	nd dua to t	the cause(		
29s. CERTIFIER 1 CHeck only one) 2 MEDICAL EXAM	INER: On the basis of						ed at the	time, data and place, ar	29d, DA	the cause(	(a) and manner a  D (Month, Day, Ye	nr)

Ba Yin Oung, M.D., 8022 Belair Road, Baltimore, Maryland 21236

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be o	8
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

2. DATE OF DEATH

3. TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, 1990)											
	EW		1		2. DATE OF DEATH MONTH	MY Y	3. TIME OF DEATH				
	OVER				1 4	9.					
4. SOCIAL SECURITY NUMBER 213-58-0396		GE (In yrs. last birthday) 42 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/31/51		BIRTHPLACE (State or Foreign Country)				
9a. FACILITY NAME (If not institution, give si		16	Oh CITY TOWN	OR LOCATION OF D		9c. COUNTY	Maryland				
		ontor	Tows		SAIN						
Greater Baltimore RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. STATE 100. COUNTY	- riedical C	enter	TOWS	OH		Balt	imore				
10s. STATE 10b. COUNTY	Υ	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY				
Maryland Bal	ltimore		1				LIMITS?				
	remore		OWSON	r. ZIP CODE		10g, CITIZER	OF WHAT COUNTRY?				
10e. STREET AND NUMBER  8637 Willow Oak  11. MARITAL STATUS	Road		Table 1	21234							
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN II S ADMEN	12 WAS DEC		NIC ORIGIN? (Specify Ye	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USA RACE — American Indian,				
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1	ES 2 NO	If yes, sp		in, Puerto Rican, atc.)	- U NO_	Block, White, atc. Specify: White				
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		16a, DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND OF BU	SINESS/INDUS					
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	work done during mo ne retired.)	ost of working							
1	Vr	Lette	r Carrie	or	II C	Dogto 1	Service				
17. FATHER'S NAME (First, Middle, Last)	7-	пессе	L COLLIE		ME (First, Middle, Maider		Pervice				
Owen W. James											
Owen W. James  19a. INFORMANT'S NAME (Type/Print)		105 11411 510	ADDRESS (Owner		eth B. Ben		ela)				
					Route Number, City or Tov						
William Glover				Dak Road	Towson,						
20a. METHOD OF DISPOSITION 1 □ Buriel 2 😾 Cremation 3 □ Remo	oval from State	20b. PLACE AND DATE Cometery, crematory or of				CATION — City	or Town, Stata				
4 Donation 5 Other (Specify)		Metro Crem		Inc.	1/5/94 Ca	tonsvi	lle, MD				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Metro Crematory Inc. 1/5/94   Catonsville, M 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home											
					al Home en Blvd.						
23. PART I. Enter the diseesea, or o	complications that car	used the death. On n	ot enter the mo	de of dving suc	h as cardiac or reac	iretory arrest	MD 21286 Approximete				
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):											
	DUE TO (OR		PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PANDINGS								
CAUSE (Disease or injury that initiated events resulting in death) LAST	d										
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	th but not resulting i	in the underlyin	g ceuse given in	Part I. 24a. WAS APPERFO		AVAILABLE PRIOR TO				
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	th but not resulting I	in the underlyin	g ceuse given in	Part I. 24a. WAS APPERFO	RMED?	AVAILABLE PRIOR TO				
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	th but not reaulting I	in the underlyin	g ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU				
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	d	th but not reaulting I	in the underlyin	g ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?				
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL	d	th but not reaulting i	26. PI	g ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?				
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	d	th but not resulting I	28, PI	LACE OF DEATH (C)	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?				
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	Outpatient 3 DOA	26. PI OTHER: 4 □ Nursing Hore E OF 28c. INJ. URY WC	LACE OF DEATH (C? ne 5  Residence JURY AT JRK?	PERFO	PMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAU- DF DEATH? 1 YES 2 NO				
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	MOSPITAL:    Inputer 2   EN     Month, Day, 16	Outpatient 3 DOA	26. PI OTHER: 4   Nursing Hori E OF 28c. INJ URY WC M 1   1	LACE OF DEATH (C? ne 5  Residence JURY AT NRC? YES 2  NO	PERFO 1 YES:	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU- DF DEATH?  1 YES 2 NO				
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	HOSPITAL: Inpettent 2 ER/ (Month, Day, Ye	Outpatient 3 DOA	26. PI OTHER: 4   Nursing Hori E OF 28c. INJ URY WC M 1   1	LACE OF DEATH (C? ne 5  Residence JURY AT NRC? YES 2  NO	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 YES 2 NO				
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Input   I	Outpatient 3 DOA  IRY 26b. TIM IRY 26b. TIM IRY At home, farm, of	26. PI OTHER: 4   Nursing Hon E OF 28c. INJ URY M 1   street, factory, office	LACE OF DEATH (C?  THE 5 Residence  SURY AT  SHK?  YES 2 NO  THE STREET NO  THE S	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 YES 2 NO  RUTH Flourity Number,				
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: Inpetient 2 ER/  26a. DATE OF INJU (Month, Day, to building, stc. ( CIAN: To the best of my k  ER: On the bests of axamir	Outpatient 3 DOA  IRY 26b. TIM IRY 26b. TIM IRY At home, farm, of	26. PI OTHER: 4   Nursing Hon E OF 28c. INJ URY M 1   street, factory, office	LACE OF DEATH (C?  THE 5 Residence  SURY AT  SHK?  YES 2 NO  THE STREET NO  THE S	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(s) and many time, data and place, a	INJURY OCCUR and Number or	COMPLETION OF CAUDE DE DEATH?  1 YES 2 NO				
PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	HOSPITAL:    Inpetient 2   ER/   26a. DATE OF INJU   (Month, Day, Ye   28a. PLACE OF INJ   building, stc. (   ICIAN: To the best of my k   R: On the bests of examination of the bests of examination of the lease of examination of examin	Outpatient 3 DOA  RY 26b. TIM RY 27  URY — At home, farm, s Specify)  snowledge, death occurrentation and/or investigation	26. PI OTHER: 4   Nursing Hom E Of 28c. INJ URY M 1   street, fectory, office and at the time, data on, in my opinion, c	LACE OF DEATH (C) ne 5	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(s) and many time, data and place, a	INJURY OCCUR and Number or	AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 YES 2 NO  Rural Route Number,				

BALTIMORE, MARYLAND 21215-0020	they denote Dance & many has considered by the beautiful or settled the city
YLAND 2	her often franciscolinal
MAR	benjapin a
DRE,	C mm. b.
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BAL	ther death

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw equal term of the confidence of the control of the properties or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has the magnet by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deut.	, the medical examiner must be notified at once.
US, P.O. BOX 68760,	me deam conflicate be executed within	the extending physician and complete were to burial, cremi	injury, or other traumatic event,
DIVISION OF VITAL PECONOS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law equites my III	TO THE FUNERAL DIRECTOR: After this certificate has then appead by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Debt. Hearth American Ingland prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFIC	CATE OF DEAT	ГН	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last	)			2. DATE	OF DEATH	3. TIME OF	DEATH
	ELIZA Fr	ances	GERMAN		JA		YEAR 3:3	30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER		OF BIRTH	8. BIRTHPLACE (State	
		1 M 2 S-F		ONTHS DAYS HOURS		th, Day, Year)	Country)	1000
	215-05-6935	A	83 <sup>YRS.</sup>			16 191	0 Virgi	nia
	90. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATI	ON OF DEATH	9c. Ct	DUNTY OF DEATH	
18	3434 AUCHENT	ROLY TERF	RACE	BALTIM	ORE			
15	RESIDENCE OF DECEDENT							
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE	CITY
ā	Maryland			Baltimore	2		1 X YES	
1	10e. STREET AND NUMBER			10f. ZIP COD		10g. C	TIZEN OF WHAT COUNTY	RY?
FUNERAL	2424 Aughants	ol Morere	~~		01017			
Z	3434 Auchentr	12. WAS DECEDENT E			21217		USA	
5	1 Never Married 2 Merried	FORCES? 1	YES 2 NO	13. WAS DECENDENT O			- 14. RACE — American Black, White, etc.	Indien,
B⊀	3 Wildowed 4 X Divorced	IF YES, GIVE WAR	OR DATES	1 TES 2 NO	Specify:		Specify:	
		1					B1.a	CK
E	15. DECEDENT'S ED (Specify only highest gra-		18e. DECEDENT'S U	SUAL OCCUPATION rk done during most of working retired.)	160	. KIND OF BUSINESS/	NDUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)						
₽ I			Hous	ewife				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOT	HER'S NAME (First,	Middle, Meiden Surneme	)	
	Rodney Robins	con		F1	iza Nel	l con		
BE	19e. INFORMANT'S NAME (Type/Print)	7011	195. MAILING	ADDRESS (Street and Number	or Burel Brute Mum	SOII	Zin Coriel	
2								
	Barbara Porte	r		ark Avenu		timore.		
	20e, METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Re	moval from State	20b. PLACE AND DATE Of cemetery, cremetory or oth		DAT	ZOC. LOCATION	- City or Town, State	
	4 Donation 5 Other (Specify)		Baltimor	e National	1/1	Baltimo	ore, Maryla	เทส
	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE		22. NAME AND ADDRE		Home		
	▶1 /n	100	170	NUHen	37411	- Home	1	
	23. PART I. Enter the diseases, or	R. 1500	len	1501	5-minn	5 TALLS	PRU -	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):						t and Daeth	
E	resulting in death) LAST	d	Cane					
	PART II. Other significant condition	ons contributing to de	ath but not resulting in	the underlying cause	niven in Part i	24a, WAS AN AUTOPS	Y 24b. WERE AUTOP	NOV EIMPINGO
EDICAL			attribut not resulting in	the uncertying cause ;	given in Part I.	PERFORMED?	AMILABLE P	RIOR TO
ō						1 TYES 2 NO	OF DEATH?	OF CAUSE
M							1 TYES 2	NO NO
¥.	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF D	EATH (Check only o	ne)		
Sic	EXAMINER?	HOSPITAL:		OTHER:	neidanna 6 🗆 Oth	er (Specific)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN				SCRIBE HOW INJURY	OCCURED	
	1 Netural 5 Pending	(Month, Day,	Year) INJU	RY WORK?		JOHNS HOW HOURT	ACCONED	
BY	2 Accident Investigation			M 1 YES 2				
0	3 Suicide 6 Could not b	286, PLACE OF II building, etc	NJURY A1 home, farm, st . (Specify)	reet, factory, office	28f. LOC City	CATION (Street end Num or Town, State)	ber or Rural Route Number,	
	* Homiciae apiermines							
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, death occurred	at the time, date end place	, end due to the ca	use(e) end manner ==	stated.	
Σ				, in my opinion, death occur				t on stated
						27		
98	296. SIGNATURE AND TITUE OF CERTIF	m. 1		29c. LIC	ENSE NUMBER		ATE SIGNED (Month, Day,	Year)
10 E	purter )	with-	0	0	4523	<i>+</i>	1/3/94	
-	30. NAME AND ADDRESS DF PERSON V		OF DEATH (ITEM 27) (Type,					1-11-11
	Michael T	Collons	22 5.	Greene.	54	Balto N	1.0	
1	31. DATE FILED (Month, Day, Year)		SIGNATURE				15-7	
	JAN 0 5 199	A Julio D.	SIGNATURE					
	JANUA 33	1 (/						

31. DATE FILED (Month, Day,

JAN 05

1994

32 REGISTRAB'S SIGNATURE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00077 CERTIFICATE OF DEATH BEG. NO. 1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH MONTH 3. TIME OF DEATH 94 30 01 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NU 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER ! YEAR DAYS HOURS Greece Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 PYES 2 NO permit. FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7018 funeral director, page 5 should be detached for use as the burial-transit 21222 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED. FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuber, Mexican, Puerto Rican, etc.) 1 Never-Married 2 Marrie 3 Widowed 4 Divorced If yes, specify Cuber IF YES, GIVE WAR OR DATES BY Specify: White ed 4 Divorced ETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher College (1-4 or 5+) Elementary/Secondary (0-12) Self-Employed COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nicholas Yanacaris notified at Rose BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Phillip W. & Katherine 2416 Keyway Baltimore, Maryland 21222 9 20a. METHOD OF DISPOSITION

1 D Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 7110 Sollers Pt, Rd. Baltimore, 21222 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart failure. List only one cause on each line. Approximats Interval Betw Onset and Death IMMEDIATE CAUSE (Final the disesse or condition resulting in death) event, The law requires that the death certificate be executed with traumatic CERTIFICATION Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s, WAS AN AUTOPSY shows any OF DEATH? 1 TYES 2 NO has been see Dept. of H PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only r this certificate ha 1 | YES 2 HOSPITAL: OTHER: S 🗆 Reside OR ATTENDING PHYSICIAN: ent 2 - ER/Outpetient 3 - DOA nce 6 D Other /Sc 28d. DESCRIBE HOW INJ -0 27. MANNER OF DE 28s. DATE OF INJURY (Month, Day, Year) 256, TIME OF 28c. INJURY AT WORKY 28 Is marked, 1 🔲 Natural 1 YES 2 NO BY After 2 Accident 25e. PLACE OF BUJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Teen, State). 3 🔲 Suicide COMPLETED 6 Could not be DIRECTOR: / 4 | Homicide if item 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my kn death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I within 72 h M filed within 7 igation, in my opinion, death occured at the time, data and place, and due to the cause(s) and GIGNATURE AND TITLE OF CERTIFIED BE 28 2 G. NAME AND ADDRESS OF PERSO AUSE OF DEATH (ITEM 27) (Type, nue

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<b>BALTIMORE, MARYLAND 21215-0020</b>	Page 6 may be retained by the hospital or attending physician.
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5	ath.
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8	after death.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.  TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be finded within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, scenarious, or memoral or memoral and the state of the state	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

	0						2. DAT	E OF DEATH	Ψ,	YEAR	3. TIME OF DEATH
EVA 4. SOCIAL SECURITY NUMBER	5. SEX	GR	OCHO					ÄNUARY	4,		
218-05-7094	1 M 2 GF	97	YRS.	IF UNDER 1		IF UNDER 24 HRS HOURS MIN.	(Mor	p 17,1	206	Count	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give	- 4			9b. CITY. 1	TOWN OR	LOCATION OF		6 T/ 1T		IMAI	
MARYLAND GEN		TTTT				MORE C					ORE CTIY
RESIDENCE OF DECEDENT		TIAL					111		DA	11111	
10a. STATE 10b. COUN	ITY			Y, TOWN OR		ON					10d. INSIDE CITY LIMITS?
Maryland  10e. STREET AND NUMBER			Da	altim		ZIP CODE			1 40- 00	PITCH OF I	1 X YES 2 NO
2334 Fleet St	reet				101. 2	2122	4			U.S.	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	AMED	13. W	AS DECEN			IN? (Specify Yes			
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2		11	yes, speci	NO Spe	ican, Puarto		o no-	Whi.	E — American Indian, ik, Whita, etc. ://y: . T @
15. DECEDENT'S EL (Specify only highest gra		16a. D	ECEDENT'S	USUAL OCC	CUPATION	of unding	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done du se retired.)		G WORKING					
6	0		iome	Make				-	66		
17. FATHER'S NAME (First, Middle, Last)	Tow1							Middle, Maiden		. 1 - •	
Andrzej	Janka							a Sos			
19a. INFORMANT'S NAME (Type/Print) Shawn R. Harby	Attar							nber, City or Tow.		ip Code)	
20a. METHOD OF DISPOSITION	Accy.			OF DISPOSIT				TE 20c. LO		City or To	awa State
1 🔀 Burlai 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)	moval from Stata	cemetery c	ematory or o	other place)	Com	letery	7/6	/94 Bal	l to	MA	own, otali
	LICENSEE										
21. SIGNATURE OF FUNERAL SERVICE GEORGE A.	Waller	L' rus	. /								
											31
23. PART I. Enter the diseases, o shock, or heart failure	r complications the	at caused the d	leath. Do								Approximata interval Betw
23. PART I. Enter the diseases, o shock, or heart felium IMMEDIATE CAUSE (Final	r complications the s. List only one car	nt caused the duse on each lin	leath. Do	not anter t	tha mode	e of dying, s	uch ea ca				Approximata
23. PART I. Enter the diseases, o shock, or heart fallun	r complications the s. List only one can	nt caused the duse on each lin	INF	ARCTI	tha mode	e of dying, s	uch ea ca				Approximata interval Betw
23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	r complications the s. List only one can	nt caused the duse on each lin	INF	ARCTI	tha mode	e of dying, s	uch ea ca				Approximata interval Betw
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23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  URINARY TRACE	a. MY(  DUE TO  b. DUE TO  c. DUE TO  d	OCARDIAL OCARDIAL OCARDIAL OCARDIAL OCARDIAL OCOR AS A CONSE	INFA	ARCTI(	ON,	SUSPEC	TED	24a. WAS AN PERFOR	AUTOPSY MED2	rreat,	Approximata interval Betw Onset and Donest a
23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions in death and conditions in the conditions of the conditions	a. MYC  DUE TO  b. DUE TO  c. DUE TO  d. Ona contributing to	OCARDIAL OCARDIAL OCARDIAL OCARDIAL OCARDIAL OCOR AS A CONSE	INFA	ARCTI	ON,	SUSPEC	TED	24a. WAS AN PERFOR	AUTOPSY MED2	rreat,	Approximata interval Betw Onset and Donest a
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23. PART I. Enter the diseases, o shock, or heart fallun IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condit	a. MY(  DUE TO  b. DUE TO  c. DUE TO  d.   HOSPITAL:    Impatient 2      28a. DATE OI (Month, L)	OCARDIAL OCA	INFA	ARCTI	ON,  derlying of the second of	SUSPEC  COUSE given  CE OF DEATN (	TED  in Part I.	24a. WAS AN PERFOF 1   YES 2	AUTOPSY RMED?	7 246	Approximata interval Betw Onset and Donest a
23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or under the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or under the cause of	a. MY(  DUE TO  b. DUE TO  c. DUE TO  d. One contributing to  TINFECT  HOSPITAL:    Impetiant 2    28a. DATE Of (Month, L)  28b. PLACE Of 28b. PLACE OF 2b.	OCARDIAL OCA	INFA	ARCTION ARCTIO	26. PLAM: ing Home 28c. INJUE WORN 1 YE	SUSPEC  Ceuse given  S Residence RY AT  KY	TED  in Part I.  Check only: 28d. Di 28d. LC	24a. WAS AN PERFOR 1   YES 2	AUTOPSY MED?	2 24k	Approximata interval Betwood Onset and Double of the Competition of Caustoff Death?
23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death) LAST  PART II. Other significant conditions in death and the conditions in the co	a. MY(  DUE TO  b. DUE TO  c. DUE TO  d. One contributing to  TINFECT  HOSPITAL:    Impetiant 2    28a. DATE Of (Month, L)  28b. PLACE Of 28b. PLACE OF 2b.	CARDIAI  COR AS A CONSE  COR A	INFA EQUENCE O  EQUENCE O  resulting  3 □ DOA  28b. Till IN	OTHER: 4   Nursing M	26. PLAM ing Home 28c. INJUR WORI 1 UP	CE OF DEATH (STATES 2 NO	TED  In Part I.  Check only 28d. Do 28f. LC	24a. WAS AN PERFOR 1 YES 2  Deer (Specify) ESCRIBE HOW I Street by or Town, State)	AUTOPSY MED?	24k	Approximata interval Betwood Onset and Double of the Competition of Caustoff Death?

RAMONCHITO MENOR, M.D. c/o MARYLAND GENERAL HOSPITAL

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filled in by the 9 cremation, completely death certificate be executed within burial, and prior to unending physician Hygiene the affer ines that the signed by I Health and Health 2 9 2 OR ATTENDING PHYSI 꿅 Affer DIRECTOR: / TO THE FUNERAL D be filed within 72 hr IMPORTANT: If IN

94 00079 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First\_Mide 2. DATE OF DEATH 3. TIME OF DEATH TONTH YEAR YL 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 215-09-0260 YRS. 81 JUNE 6,1912 MARYLAND Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8 DEAUVILLE CT, APT. 3B 21208 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) RETAIL STORE EXECUTIVE RELIABLE STORES CORP. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) TSREAL. HOFFMAN FRIEDA KATZENELL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS MARY HOFFMAN 8 DEAUVILLE CT, APT. 3B BALTIMORE, MD 21208 20er METHOD OF DISPOSITION 1 Derial 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 6 Other (ANSHE EMUNAH) AITZ CHAIM 1-3-94 BALTIMORE, MD 21. SIGNATURE OF PUS 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTIMORE, MD 21215 23. PART L Enter the discusse, or ehock, or heart failure oplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition REPSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): FUMONIA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other aignificant conditione contributing to death but not resulting in the undarlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL

1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 | YES 2 | NO

6 Could not be

26. PLACE OF DEATH (Check only one) 4 Nursing Home 6 Residence 6 Other (Specify)

27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident

3 Suicide

4 Homicide

HOSPITAL: stient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year)

26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner se stated. 296. SHEKATURE AND TITLE OF CENTIFY 294. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADD

31. DATE FILED (Month, Day, IAN 0 5 1994

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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF	HEALTH AND		IYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Johnson				2. DATE OF MONTH	DEATH DAY	994 ·	8:05 AM
	4. SOCIAL SECURITY NUMBER 214-50-3087	5. SEX 6. AGE (		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, Di	BIRTH ny, Year)	8. BIRTNP Country)	LACE (State or Foreign
ECTOR	90. FACILITY NAME (If not institution, give a Keswick Nursin RESIDENCE OF DECEDENT				or Location of Di		9c. CO	UNTY OF DEA	ATH
DIR	Maryland 10b. count	Y	10c. CITY,	Balti					IOd. INSIDE CITY LIMITS? I X YES 2 NO
FUNERAL	4208 Penhurst				01. ZIP CODE 21215			US	
В	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, s	CENDENT OF HISPAL pocify Cuben, Mexico S 2 NO Specif	in, Puerto Rica		14. RACE - Black, Specify:	- American Indian, White, etc. : Black
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	Me. Do NOT use	rk done during n retired.)	nost of working		ID OF BUSINESS/IN		
E COMPL	High School  17. FATHER'S NAME (First, Middle, Last)  Howard Morton		Hou	<u>isewif</u>	18. MOTHER'S NA		Homemak  b. Malden Surname)	er	
TO B	19a. INFORMANT'S NAME (Type/Print)  Atty Arthur L.	Drager			end Number or Rural	Route Number, (	City or Town, State, Z	ip Code)	MD 21202
	20a. METHOD OF DISPOSITION    Buriel 2   Cremetion 3   Rem 4   Donation 5   Other (Specify)      21. SIGNATURE OF FUNERAL SERVICE UP	cem	n.PLACE AND DATE OF netery, crematory or othe rbutus M	DISPOSITION (A er place)	al Park	1/8	20c. LOCATION -	re Cou	n, State
	Heybert	E. hutte	л	2501 Balti	Gwynns Fa more, MD	alls Pa 21216	arkway		Homes, Inc.
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Car	d the death. Do no ach line.  Consequence of:	A	ment				Approximate Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	CONSEQUENCE OF)		- Coror	nan	disea.	e	years
MEDICAL CE	PART II, Other significant condition	S contributing to deeth b	ut not resulting in	the underlyli	ng cause given in		I. WAS AN AUTOPSY PERFORMED?	6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch				
у РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	me 5 Residence  IJURY AT  IORK?  YES 2 NO		BE NOW INJURY OF	CCUREO	
ETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, str city)	eet, factory, offi	ce		N (Street and Number wn, State)	er or Rumil Roo	ute Number,
COMPLE	2 MEDINAL EXAMINE	ICIAN: To the best of my know							and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WILL	1/lew.	ATN (ITEM 27) (See	Brigat)	29c LICENSE NUI	MBER 334	29d. DA	TE SIGNED (A	Month, Day, Year)
1	JOS THE W	TENS CETS  32. REMISTRANS SIGN	711 6	401	4 Street	et 1	Balto	212	10

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 0008

	REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  ARVIN	E. J.	ACKSON	se.		2. DATE OF MONTH	DEATH DAY	YEAR 230
	4. SOCIAL SECURITY NUMBER 216-52-0118	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH av. Year) 6-49	B. BIRTHPLACE (State or Foleign Country)
2. 3 should	9a. FACILITY NAME (If not institution, give so		TAL	BAZ	OR LOCATION OF D	1TY	9c. COUNT	ALTU CITY
if. Pages 1, 2, 3 :	10a. STATE 10b. COUNTY		10c. CITY	HAZ				10d. INSIDE CITY LIMITS? 1 PYES 2 NO
unal-transit permit.	100. STREET AND NUMBER 596 VALE				or. ZIP CODE	19	U	en of what country? - S · A ·
B¥ the the the the the the the the the the	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES	If yes, a	CENDENT OF HISPA pecity Cuban, Maxico S 2 NO Specifi	in, Puerto Rica	Specify Yes or No— an, etc.)	14. RACE — American Indian, Black, Whita, etc. Specifys
hed for use as the	15. DECEDENT'S EDUI (Specify only highest grade Elementacy/Secondary (0-12)		16a. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during m		18b. Kii	NO OF BUSINESS/INDU	STRY
ed at once.  BE COMPL	12 FATHER'S NAME (First, Middle, Last)	Jackson	5n		18/MOTHER'S NA	abeth	die, Maiden Syrname)	nes
5 sho	Denise J	ackson	196. MAILING 596	AODRESS (Street	e Ave	Route Number,	City or Town, State, Zip of	d 21229
	20a METHOD OF DISPOSITION 1 Quriel 2 Cremellon 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FIRMERAL SERVICE LL	oval from Stala	ob. PLACE AND DATE O	W TIOG!	e lem.	DATE	EKNA	ge, ma
e funera	Pola	March		Ma.	chuf k	H. We	estave	
filed in by ion, or remo	23. PART I. Enter the disesses, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on  Lutracy	aural V	renu	ode of dying, suc	h ss csrdiad	c or respiratory srre	st, Approximate Interval Betwee Onset and Da
sician and con prior to burial. traumatic or CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF	<b>A</b> .		)		? YES
ending I Hygie or oth	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	):				
en signed by the of Health and Me hows any injur MEDICAL	PART II. Other significant condition	s contributing to death	but not resulting in	n the underlyir	ng csuse given in		As. WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
certificate has been of the State Dept. of 1, or Item 23 sho HYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	streetless 2 DOA	OTHER:	PLACE OF DEATH (C)			
with the rked, or PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. QATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c, IN	THE 5 Residence  JURY AT ORK?  YES 2 NO		HBE HOW INJURY OCC	URED
4 5	3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, st secify)	treet, factory, offi	СВ	281. LOCATION OF 1	ON (Street and Number of Town, State)	or Rural Route Number,
3 2 = N		CIAN: To the best of my kno R: On the beats of examinat						d, cause(a) and manner as stated
TO THE FUNE be filed within IMPORTANT: TO BE CO	29b. SIGNATURE OF CERTIFIER	Pinas.			29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Morith, Day, Year)
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31. DATE FILED (Month, Day,

JAN 0 5 1994

FOR STATE REGISTRAR 00082 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH ROBERT C. KING JR. 5:50 P  $\Omega 1$ 94 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 213-34-9907 1 😾 M 2 🗌 F 56 3/26/37 MD Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4827 ORVILLE AVENUE BALTIMORE CITY RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Baltimore nours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit permit. TY YES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4827 Orville Avenue 21205 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cubsn, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whits, stc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Printer Printing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert C. King, Sr. Ruth Ouail 7 BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sharon Grosskopf 12413 Glenbauer Road, Kingsville, Md. 21087 be 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 Strict 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Gardens of Faith Cemetery 1/6 Baltimore, Md examiner 21. SIGNATORE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hilly Moran-Ashton Funeral Home moossc n by the f 3000 E. Baltimore Street. Balto. Md medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock, or heart failure. List only one cause on each line. interval Batween 6 filled IMMEDIATE CAUSE (Finsi **Onset and Death** tie Cardiovoca cremation, the executed with. disease or condition Hypertensue All DUE TO (OR AS A CONSEQUENCE OF) Arleioscles completely event, resulting in death) burlal, CERTIFICATION traumatic and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to if any, leading to immedista cause. Enter UNDERLYING pe the death certificate other CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in dasth) LAST the atten PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS this certificate has been signed by with the State Dept. of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE that any YES 2 | NO OF DEATH? requires shows a 1 YES 2 NO PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) tem HOSPITAL OTHER: 1 X YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 10 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 5 Pending Investigation Natural 2 Accident L DIRECTOR: After the hours after death w 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homleide 29s. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) FUNERAL within 72 h MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and places, and due to the cause(s) and manner as stated. TO THE HOSPITY
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ender MID O.C.M.E 01/03/1994 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 HEONONE M. 114

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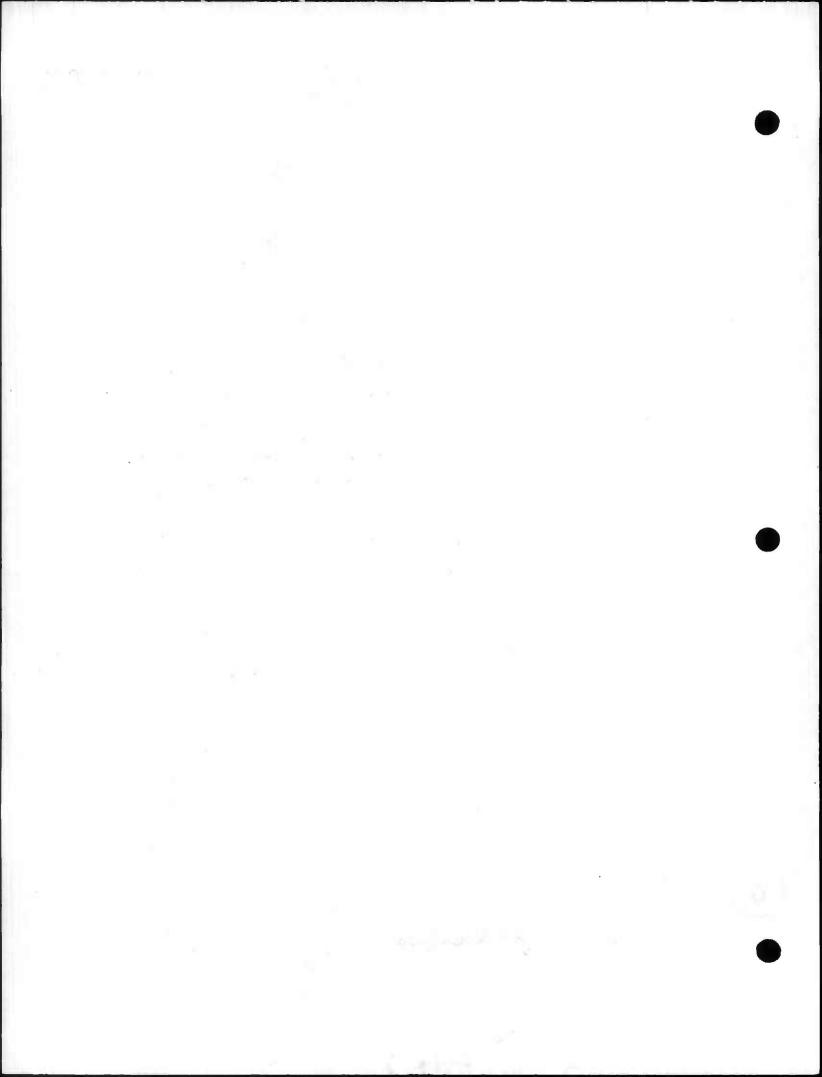
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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.	94	00083
irst, Middle, Last)					2. DATE OF GEATH DAY	YEAR	3. TIME OF OEATN
ave		Lambe	ert		Jan.4,1994		9:10am
MBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign

	1. OECEDENT'S NAME (First	111.7.7.5		_					2. D	ATE OF OEATH	AY	YEAR	3. TIME OF OEATN
	Gusta	ve		L	ambe	ert			Ja	n.4,19	94	TEAN	9:10am M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	_	IF UNDER 24 HRS.		ATE OF BIRTN fonth, Day, Year)		8. BIRTI	IPLACE (State or Foreign
	212-20-3		1-XXM 2 □ F	70	YRS.	MONTHS	DAYS	HOURS MIN.	Jï	ıly13,	1923		Maryland
_	9e. FACILITY NAME (If not in					9b. CITY		OR LOCATION OF	DEATN			NTY OF D	
DIRECTOR	8302 Kar		<u>.</u>				BP	Altimo	ce			Ba	ltimore
[ [	RESIDENCE OF DEC	10b. COUNT	Y		10c, CIT	ry, town (	OR LOCAT	TION					10d. INSIDE CITY
BIG	Md.	Ba 1	Ltimore					River	_				LIMITS? 1 YES 25 NO
	10e. STREET AND NUMBER			-		1110		. ZIP CODE			10a. CIT	IZEN OF V	WHAT COUNTRY?
EH	3724	Red G	rove Ro	oad				21	1220	)		TI	SA
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF NISP	ANIC OR	IGIN? (Specify Ye	or No-	14. RAC	E — American Indian.
BY F	1 Never Married 2 3 Widowed 4 Divo			YES 2 N	Ю			ecify Cuben, Mexico 2 NO Spe		rto Rican, atc.)		Spec	k, White, etc.
			-	1-46									White
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)	(G	ive kind of	Work done use retired.)		ON ost of working		16b. KIND OF BU	SINESS/INC	DUSTRY	
1	Elementary/Secondary (0	)-12)	College (1-4 or 5	+)		,			- 1				
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2	Catheri	The state of	++hou										
	20e. METNOD OF DISPOSIT	ION		20b. PLACE							CATION —		Md. 21050
1	1 Buriel 2 Crematic	on 3 🗆 Rem (Specify)	oval from State	cemetery, cre-	matory or o	other plece)							
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	0 11		22.	NAME A	1 / 6	FACILITY	LB	11-11	more	e Md.
	1 %	1. E		1 4				elly F					
	23 PART I. Enter the d	isoties or	complications the	t caused the de	Mil Da	not enter	300	Mace	Ave	. Balt	imo	re l	1d. 21221
	ehock, or h	eart/feilure.	List only one ceu	se on each line		not enter	tile illo	de or dying, er	JCII GII C	ardiac or reep	iratory er	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nal	TRA	nina	-	CL	5 (	812					Onset and Death
H	resulting in death)	<b>→</b>	OUE TO	OR AS A CONSECUTED TO STASTA	DIENCE O	1E)-	100						
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ō	Sequentially list condit		W	(OR AS A CONSEC									
MEDICAL CERTIFICATION	ceuse. Enter UNDERLY	ING	c										
Ĕ	CAUSE (Disease or Injuthet initiated evente		DUE TO	(OR AS A CONSEC	DUENCE O	F):							
	resulting in death) LAS	T C	d										
O	PART II. Other eignifice	nt condition	ns contributing to	deeth but not n	esuiting	In the ur	derlyln	n cause given	n Part i	. 24a. WAS AN	ALITOREV	1 245	. WERE AUTOPSY FINDINGS
₹							ide i yili	a cause direit	1111111111	PERFO	RMEO?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE
										1 TYES	. □ NO		OF OEATH?
													1 YES 2 NO
AN	25. WAS CASE REFERRED J	D-MEOICAL					26. PI	ACE OF DEATH (	Check on	v one)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE!	R:	e 5 🗆 Residenc					
Ŧ	27. MANNER OF DEATH		26e. DATE OF	INJURY	28b. T/N	AE OF	28c. INJ	URY AT		DESCRIBE HOW	NJURY OC	CURED	
ВУР		Pending Investigation	(Month, E	Pay, 1987)	IN.	JURY M		PRK?					
	2 Culate	Could not be	28e. PLACE C	OF INJURY — At ho	me, ferm,	atreet, fec	lory, offic	•	28f. I	LOCATION (Street	end Numbe	r or Rurel i	Route Number,
		datermined	Dulloning,	N A					,	City or Town, State			
片	290. CERTIFIER 1 CERT	IFYING PNYS	ICIAN: To the best of	my knowledge, de	ath occurr	red at the t	Ime date	and place, and d	ue to the	cause(e) and me	Door on etc	lad	
COMPLETED	anal .												e) end menner ee stated.
	29b. SIGNATURE AND TITLE			1				29c. LICENSE N					
ᆱ		VAR		Jn.				DI7		0	A DAI	- SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WH	IO COMPLETEO CAU	SE OF OEATH (ITE	M 27) (Type	e, Print)			, ,	•		1-0	(7
	4706 Hong	20no	had 1	多りしな	, ~		21	214.					
	31. DATE FILEO (Month, Day,		32 REGISTR	R'S SIGNATURE									
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	1. DECEDENT'S NAME (First, Midd					2. DATE (		YEAR	3. TIME OF DEAT
	DOROTHY A. SOCIAL SECURITY NUMBER	MADELINE LONG	AGE (In yrs. lest birthday)			Jai	1. 3.1994		6:45 A
	218-64-7151	1 □ M 2 🂢 F	74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan.	19,1919	We	ATHPLACE (State or Fo untry) Stminste
стов	9a. FACILITY NAME (II not instituted 65 Hanover	Road		9b. CITY, TOWN	Reisters.		9c. CC	Bal	timore
DIRECT	10a. STATE 10b.	county Baltimore	10c. CITY	Reist	terstown				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 65 Hanove				1. ZIP CODE 2113	4	10g. C	ITIZEN O	F WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E	YES 2 (NO	If yes, sp		IC ORIGINA	? (Specify Yes or No— lcan, stc.)	Bi	ACE — American Indiack, White
ETED		AT'S EDUCATION sest grade completed) College (1-4 or 5+)	Ilfe. Do NOT us	rork done during mo	ost of working	16b.	KINO OF BUSINESS/I	1	
BE COMPL	17. FATHER'S NAME (First, Middle, Benton E						iddle, Malden Sumame Wagner	)	
TO B	190. INFORMANT'S NAME (Type/P)  Mr. Raymond L.  200. METNOD OF DISPOSITION	*		ADORESS (Street of			er, City or Town. State, US town, M		
	ansy	Lelun	e		. Funeral		2 Reiste	rsto	terstown wn, Md.21
NO	disease or condition resulting in death)	a. Acui	TE MAN A CONSEQUENCE OF	ot enter the mo	oda of dying, auch	n as card	2 Reiste	rsto	
CERTIFICATION	management in the second secon	a. Acua DUE TO (OI DUE TO (OI	on each line.	ot enter the mo	oda of dying, auch	n as card	2 Reiste	rsto	wn, Md. 21 Approxim
MEDICAL	senock, or heart is mediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OF DUE TO (OF d.	AS A CONSEQUENCE OF	ot enter the mo	code of dying, such	as card	2 Reiste	rsto	Approximinterval B Onset and Onset a
MEDICAL	senock, or heart is mediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant contents of the cause of th	DUE TO (OF DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. D. DUE TO (OF d. D. D. D. D. D. D. D. D. D. D. D. D. D.	R AS A CONSEQUENCE OF	ot enter the mo	Cal W	Part I.	2 Reiste lac or reapiretory  24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	rsto	Approximinterval B Onset and Approximinterval B Onset and Approximinterval B Onset and Approximation of the Approx
PHYSICIAN: MEDICAL	Sequentially list condition reaulting in death)  Sequentially list condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent continues the cause of the continues of the cause of the cau	DUE TO (OI  DUE TO	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	ot enter the mo	code of dying, such	Part I.	2 Reiste lac or reapiretory  24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	rsto arreat,	Approximinterval B Onset and Onset a
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant companies of the examiner?  1 YES 2 TO NO  27. MANNEY OF DEATH  1 Netural 5 Pendi	DUE TO (OI  DUE TO	AS A CONSEQUENCE OF AS A CONSEQUENCE OF A AS	ot enter the mo	Dada of dying, such	Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	ersto	Approximinterval B Onset and Onset a
IPLETED BY PHYSICIAN: MEDICAL	anock, or heart is mediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent control of the cause of the	DUE TO (OF DUE TO (OF	RAS A CONSEQUENCE OF RAS A CON	ot enter the mo	Cal Lu  Ing cause given in    LACE OF DEATH (Che ne 5 Masidence JURY AT ONK? YES 2 NO	Part I.  Part I.  Book only one  8 Other  28f. LOCA City of	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO (Specify) CRIBE HOW INJURY ( TION (Street and Num or Town, State)	erstonarreat,  EV 2  DOCCURED  ber or Run	Approximinterval B Onset and Onset a
TED BY PHYSICIAN: MEDICAL	anock, or heart is mediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent control of the cause of the	DUE TO (OI  DUE TO	AS A CONSEQUENCE OF AS A C	ot enter the mo	Cal Lu  Ing cause given in    LACE OF DEATH (Che ne 5 Masidence JURY AT ONK? YES 2 NO	Part I.  Part I.  28f. LOCAL City of to the cause time, data	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO  (Specify)  CRIBE HOW INJURY (CRIBE HOW INJURY OF TOWN, State)	occured ber or Run	Approximination of the state of

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTEND TO PHYSICAL THE PHYSICAL PHYSIC
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IMPORTANT: It item 28 is O BE COMPLETED		N: To the best of my knowledge,				to the cause(s) and	manner as state					
Is married, o	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	OSPITAL:   Inpetient 2	26b. Til	ME OF 28c JURY 1	6 Other (Specify)  28d. DESCRIBE NO  28f. LOCATION (Str. City or Town, St	et and Number o	URED or Rural Route Number,					
SICIAN: MEE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			B. PLACE OF DEATH (C/	neck only one)		1 🗆 YES 2 🖰 (				
any injur	PART II. Other aignificant conditions of Pneumonia	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FII AMARABLE PRIOR COMPLETION OF COMPLET								
y, or other traumatic	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COMS			disease							
event, the medical	Approximate interval Bet Onset and it death)  Approximate interval Bet Onset and it death)  But To for As A Consequence of:											
ai examiner	21. SIGNATURE OF FUNERAL SERVICE LICEN	Hassahn Funand dome Lassahn Funeral Home 7401 Belair Rd. Balto Md. 21236										
must be	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of competery, crematory or other piece).  Belair Memorial Gardens 1/5/94 Baltimore, md.											
TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Dorothy D. Lohr  7531 Belair Rd. Balto. Md. 21236											
at once.  E COMPLETED BY FUN	12 17. FATHER'S NAME (First, Middle, Last) Jospeh George Lohr		Coke Oven Forman Bethlehem Steel Sparrow  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Theresa Otto									
		college (1-4 or 5+)	(Give kind of life. Do NOT u	se retired.)	most of working		BUSINESS/INDU					
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S., FORCES? 1 TYES 2 THE YES, GIVE WAR OR DATES	ARMED XNO	I4. RACE — American India Black, White, atc. Specify: White								
VERAL	100. STREET AND NUMBER 7531 Belair Road				21236			EN OF WHAT COUNTRY?				
DIRE	Maryland Baltim	nore	10c. CIT	Y, TOWN OR LO	OCATION			10d. INSIDE CITY LIMITS? 1 TYES 2				
CTOR	Franklin Square H	lospital					Bal	timore				
	220-09-8687  9e. FACILITY NAME (If not institution, give street	M 2 F 89	YRS.	96. CITY, TO	VN OR LOCATION OF D	9/16/04		Baltimore C				
		SEX 6. AGE (In yrs.		IF UNDER 1 YE		7. DATE OF BIRTN (Month, Day, Year		B. BIRTHPLACE (State or For				
	1. DECEDENT'S NAME (First, Middle, Last)	Harry , I	LOHR			2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEAT				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

37. REGISTRAR'S SIGNATURE

Sikorski, MD,

JAN 0 5 1994

31. DATE FILED (Month, Day, Year)

R.

9000 Franklin Square Drive, Baltimore, Maryland 21237

21215-0020	
BALTIMORE, MARYLAND 21215-0020	Barnett Barnet
ALTIMORE,	death Days & mar ha
m	100

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerial director, page 5 should be detached for use as the burial-transit it	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSP	TO THE FUNE	be filed within	IMPORTANT	

00086 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	DEPARTIC			MENTAL HYGIEN		00086		
	1. DECEDENT'S NAME (First, MICHIN, Last)  SARAH LEE				124)	2. DATE OF DEATH DANNER	2 1995			
		M 2 XF 8	B YRS.	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	s. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign				
TOR	9a. FACILITY NAME (if not institution, give acreet as SINAI HOSPITAL RESIDENCE OF DECEDENT	ra number)	· ·	BAL!	R LOCATION OF O	EATH	9c. COUNTY Of	OEATH		
DIRECTOR	MD 10a, STATE 10b, COUNTY			TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS? XX YES 2 NO		
FUNERAL	2607 SHIRLEY AV			43	21215		U.S	A.		
B⊀	1 Never Married 2 Merried F	MAS DECEOENT EVER IN U.S. FORCES? 1 TYES 22 FYES, GIVE WAR OR OATES	ARMED	If yes, sp		NIC ORIGIN? (Specify Ye on, Puerto Rican, etc.) y:		ACE — American Indian, sck, White, etc. ecity: BLACK		
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade complete in the complete	N 16a. lege (1-4 or 5+)	Give kind of working. Do NOT use to UNKI	WAL OCCUPATION And Author Modern Mode	N st of worlding	16b. KINO OF BU	SINESS/INOUSTRY			
BE CO	17. FATHER'S NAME (First, Middle, Lest) JOHN MCCELLAN				EMMA	ME (First, Middle, Maiden PAIGE				
2	CORINE PULLIAM			OAKFOR	D AVE	BALTO, MI	21215			
	20s. METHOO OF DISPOSITION 1 Strain 2 Cremation 3 Removal for 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	CATION — City or PONSVII	LE, MD							
	Yola	March		MARC		WEST 4300		SH AVE		
CERTIFICATION		PICUMO COCO OUE TO (OR AS A CON OUE TO (OR AS A CON OUE TO (OR AS A CON	SEQUENCE OF):	Approximate Interval Between Onset and Death						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions cor acute renal +				seuse given in	* PERFO		4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		THER:	ACE OF OEATH (Ch					
ву рну	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJ	JRY AT RK?	6 Other (Specify)  28d, OESCRIBE HOW	INJURY OCCUREO			
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  28f. LOCATION (Street and Number or Rural F City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF FERSON WHO COM	ENEW MO, PA	D PG	Y-Z	29c. LICENSE NUI	MBER	29d. DATE SIGN	EO (Month, Day, Year) VARY 2,1994		
	LINNEA BOYEV  31. OATE FILEO (Month, Day, Year)  JAN 0 5 1994	SINA!	HOSPI		13					

DIVISION

TO THE HOSPITAL OR ATTEXONO PRESCRAY. The pay modures that the death conflicate be executed within and local feed feet. Page 6 may be retained by the hospital or attending physician.

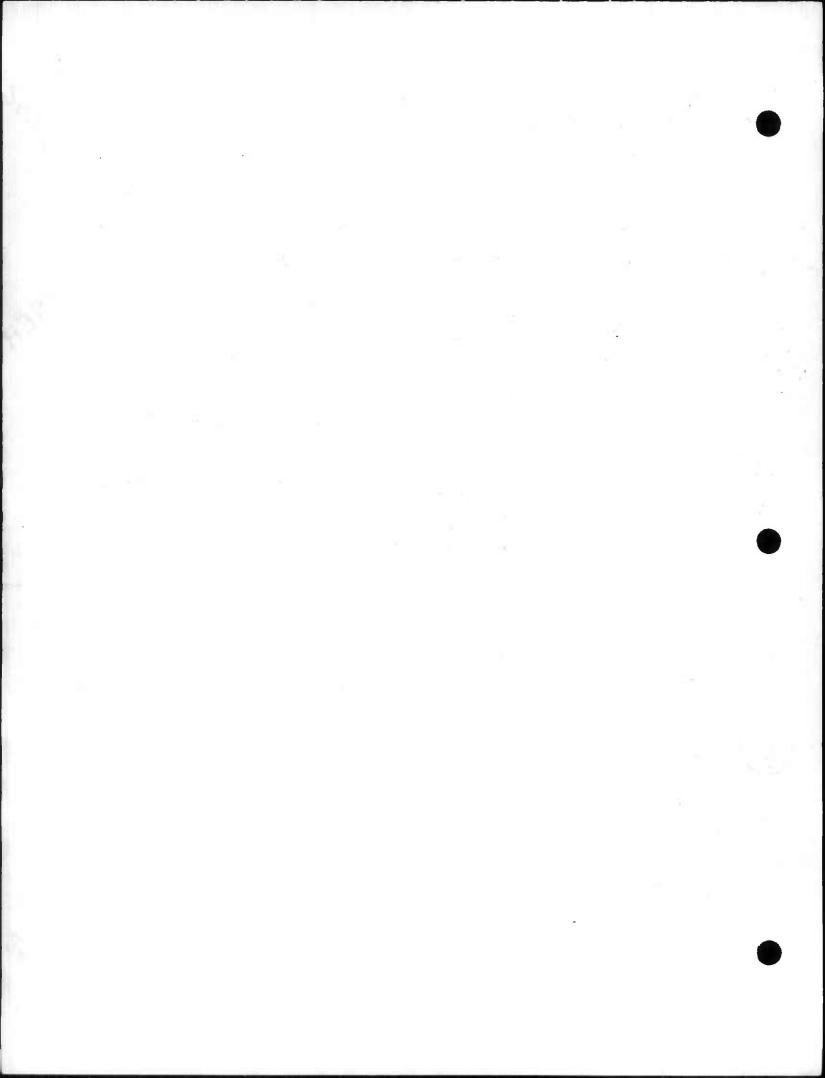
TO THE FUNERAL DIRECTOR ATTENDED FOR the sent signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after down with this sent begins of these and Marial Hydron prior to burial, cremation, or removal.

IMPORTANCE II ham 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

00087 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL		IENTAL HYGIENI REG. NO.	94	00001	
5	1. DECEDENT'S NAME (First, Middle, Last) GLEN M. MARTIN					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 230-05-3493	5. SEX 6. AGE (	(In yrs. last birthday)	IF UNDER 1 YEAR IF L		01 02 7. DATE OF BIRTH (Month, Dev. Year) 09- 25- 1	.6	BIRTHPLACE (State or Foreign Country) COUNTRY CAROLINA	
	9a. FACILITY NAME (If not institution, give s			96. CITY, TOWN OR LO	CATION OF DEA		9c. COUNTY	OF DEATH	
CTOR	11 West 20th	STREET		BALTIMOF	E CIT	Y	n/	a	
DIRECTOR	100. STATE 10b. COUNT	n/a	10c. CITY	BALITIMORE				10d. INSIDE CITY V LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 11 WEST 20 th	STREET apt.1	.50	10f. ZIP	CODE 21218		UNITED	OF WHAT COUNTRY?  STATES	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 XNO	If yes, specify	NT OF HISPANIC Cuben, Mexican, NO Specify:	C ORIGIN? (Specify Yee, Puerto Rican, etc.)	1	RACE — Americen Indien, Black, White, etc. Specify: BLACK	
III	15. DECEDENT'S EDU (Specify only highest grade	completed)	18e. DECEDENT'S U (Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during most of v	vorking	16b. KIND OF BUS	INESS/INDUST	RY	
COMPLETED	GRADE SCHOOL	College (1-4 or 5+)	n/			AARMCO S	STEEL		
BE CO	17. FATHER'S NAME (First, Middle, Lest) JESSIE MARTIN					E (First, Middle, Maiden : ARTIN	Surname)		
2	199. INFORMANT'S NAME (Type/Print) LELLE ARMSTRONG		613 N.			, BALTIMORE,	MARYLA	•	
	20s, METHOD OF DISPOSITION  XX Burlet 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	oval from State 20b	ARBUTUS ME	F <b>DISPOSITION</b> (Name of MORIAL PARK	(		BUTUS,	or Town, State MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LI		nd	22. NAME AND AD	DRESS OF FACI	- 1101 E. N	ORTH AV	ENUE	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Arteriosclerotic Cardiovascular Disease  Due To (OR AS A CONSEQUENCE OF):								
NOI	Sequentially list conditions, If any, leading to immediate  DUÉ TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	CDUE TO (OR AS A CONSEQUENCE OF):							
ERTI	resulting in death) LAST	d							
4	PART II. Other significent condition	e contributing to death b	out not resulting in	the underlying ceu	iee given in P	Pert I. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC,						1 YES 2	XXNo	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL					INQUI	RY		
PHYSICIAN:	EXAMINER?  1 Types 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER: 4 \( \text{Nursing Home 5} \)	OF DEATH (Chec				
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY	AT :	28d. DESCRIBE HOW IN	JURY OCCURE	ED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, tarm, st cify)	reet, factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,	
COMPLETED	0001	ICIAN: To the best of my know ER: On the basis of examination						use(s) end manner es stated.	
BE	29b. SIGN AT WIRE AND TITLE OF CERTUPIE	methall	<i>P</i>	(	O.C.M.E			MED (Month, Day, Year) /02/94	
2	30. NAME AND ADDRESS OF PERSON WHO				altimor	re, Maryla	nd 21	201	
	31. DATE FILED (Month, Day, Year)  JAN 0 5 1994	32. BEGISTRAR'S SIGN		-					
	דענוניווויייי		•						





1 - FOR STATE REGISTRAR

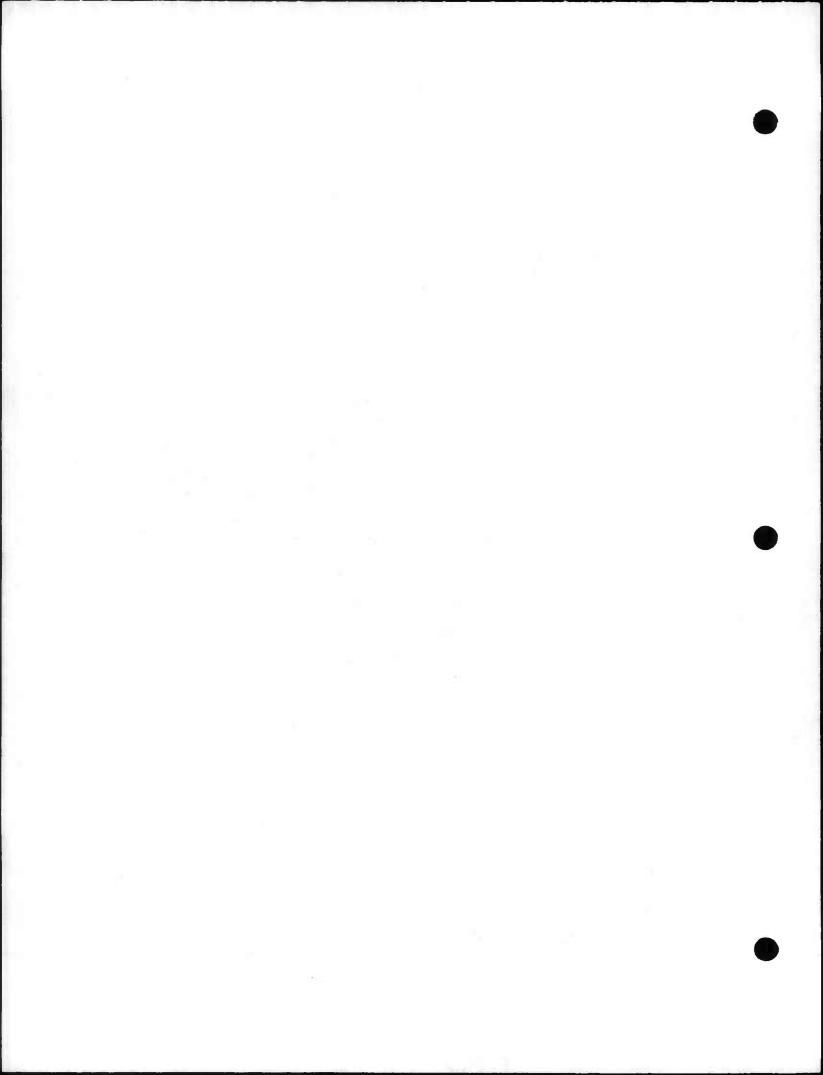
1. DECEDENT'S NAME (First, Middle, Last)

	17	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DE	ATH DAY	We de	3. TIME OF DEATH
	18.	Anne B. Mar	rshall						MONTH an.	3.	1994	7:00 P.
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. last b	SACAPTION .		IF UNDER 24 H	RS. 7.	DATE OF BIR (Month, Day, 1			HPLACE (State or Foreign
· P		217-09-7658	1 - M 2 X F	92	YRS.	DAYS	HOURS M	No	ov. 8.	1901		[owa
plnods	e	9e. FACILITY NAME (If not institution, give s					OR LOCATION C				county of the	
2,	ĮŌ.	1608 Jennings Ro	oad		Gle	u Ri	urnie,	. עויי		AF	ine Art	ningt
iges 1,	DIRECTOR	10a. STATE 10b. COUNT			10c. CITY, TOWN C							10d. INSIDE CITY
permit. Pages			Arundel		Glen B	urn:	те					1 YES 2 NO
	ERAL	100. STREET AND NUMBER 1608 Jennings Roa	ad				21061			10g	USA	WHAT COUNTRY?
020 physician. bunal-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMI	ED 13. 1	MAS DEC	ENDENT OF H	SPANIC C	RIGIN? (Spec	city Yee or No	0 14. RAC	E — American Indian,
DO2	ВУ F	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE WAR				ecify Cuben, M	exican, Pu pecify:	uerto Ricen, e	etc.)	Spec	k, White, etc.
21215-0020 al or attending physician. for use as the bunal-tra		3 Widowed 4 Divorced	0.000	4			۸					White
or afte		15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give	EDENT'S USUAL OF thind of work done of NOT use retired.)				16b. KIND	OF BUSINES	S/INDUSTRY	
W = 6	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		emaker							
AN the hos detach	SON	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	S NAME (	First, Middle, I	Maiden Surna	me)	
d by d	BEC	Frank Bankso	n				Unobt	aina	ble			
MARYLAND retained by the hospit should be detached notified at once.	5	19a. INFORMANT'S NAME (Type/Print)			MAILING ADDRESS							
De no	-	Richard D. Marsh	all, Sr.		08 Jenni			Glen	7			
BALTIMORE, rs after death. Page 6 may be n by the funeral director, page removal.		20e. METHOD OF DISPOSITION  1	ovat from State	20b. PLACE AN	id OATE OF DISPOS atory or other place) TE Natio	N MOITI	eme of Cem	1			nore, f	
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Paretiio	22.	NAME A	ND ADDRESS O	F FACILIT	TY .			י טוי.
ALTIN death. Pag funeral dir		· //_	1/	8			L. Ka					207
B after of the moval.		23. PART I. Enter the diseases, or	complications that c	eused the deet	th Do not enter	the mo	Main :	St.,	EIKT:	idge,	MD 21	22/ Approximate
		shock, Dr heart failera.	List only one cause	on each lina.			ao or aying,	30011 00	, cordice or	respirator	y arreot,	Interval Batween
the the		IMMEDIATE CAUSE (Final disease or condition	CARI	10 Pc	LMONAR	4	ARR	287				Onedi and Deat
OX 68760  To be executed with honor sician and completely filled infor to burial. cremation, or traumatic event, the m		resulting in deeth)	DUE TO (OI	R AS A CONSEQU	IENCE OF):		***	-				
cxecuted with and comple burial, cree	Z	Sequentially list conditions	b		CANC	23						
BOX 68760 cate be executed with hysician and complete prior to burial, crement traumatic even.	ATIC	Sequentially list conditiona, if any, laading to immediata		AS A CONSEQU		,						
B( ficate physic re pric	FIC	ceuse. Enter UNDERLYING CAUSE (Disease or injury		AS A CONSEQU	TRITION							
OS, P.O. BOX he death certificate be attending physician Mental Hygiene prior in injury, or other traur	CERTIFICATION	that Initiated events reaulting in death) LAST	-	ANEMIL								
S, P. death demail H		DARY II Other dealth	o									+
# E 88 E	MEDICAL	PART II. Other significant condition	contributing to de	At F	FUSIAN	deriyin	g cause giva	n in Par	t ł. 24a. V	MAS AN AUTO PERFORMED?		. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
ECOF quires than a signed if Health a	NO.	LATHOC	, I LEW M		7 - 31111				1 🗆	YES 2 N	10	COMPLETION DF CAUSE DF DEATH?
~ 5555												1 TES 2 NO
23 per	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. Pt	LACE DF DEATH	4 (Check a	only one)			
State (	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   tnperient 2   E	R/Outpatient 3	DOA 4 Num	ł:	ne 5 🗆 Reside			ifv)		
with the ked, or	H.	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY	26b. TIME OF INJURY	26c. INJ	URY AT		d. DESCRIBE		Y OCCURED	
ON ON ONG PHY After this death with s marked,	ВУР	1 Natural 5 Pending 2 Accident Investigation	(month, bay,	.001)	M		YES 2 NO	<u> </u>				
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar		3 Suicide 5 Could not be determined	25e. PLACE OF II building, ato	NJURY — At home (Specify)	e, ferm, atreet, fact	ory, offic	:0	261	City or Town	(Street and No , State)	umber or Rural	Route Number,
DIVI OR AT DIRECT DIRECT Hours a		29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	knowledge door	h accumed at the m		and place	( alua == ==				
	COMPL	(Check only one) 2 MEDICAL EXAMINE										s) end mennar ea stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	m II	29b. SIGNATURE AND TITLE OF CERTIFIE	1/4 2				29c. LICENSE			29d	. DATE SIGNED	(Month, Day, Year)
日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	0 8	V mayor	ella				D29	74	8	•	1/4/	194.
		30. NAME AND ADDRESS OF PERIODS WH		1307	27) (Type, Print) RAIN	Hus	w al	611	MANA	18 14	w 21	061
		31. DATE FILED (Month, Day, Year)		SIGNATURE	-1-1111	1	7 00	40	2019	_	J 0.	
		JAN 0 5 1994	32. RIGISTRAR'S	inder for	ساليها							
		<u> </u>										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

00088

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at the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

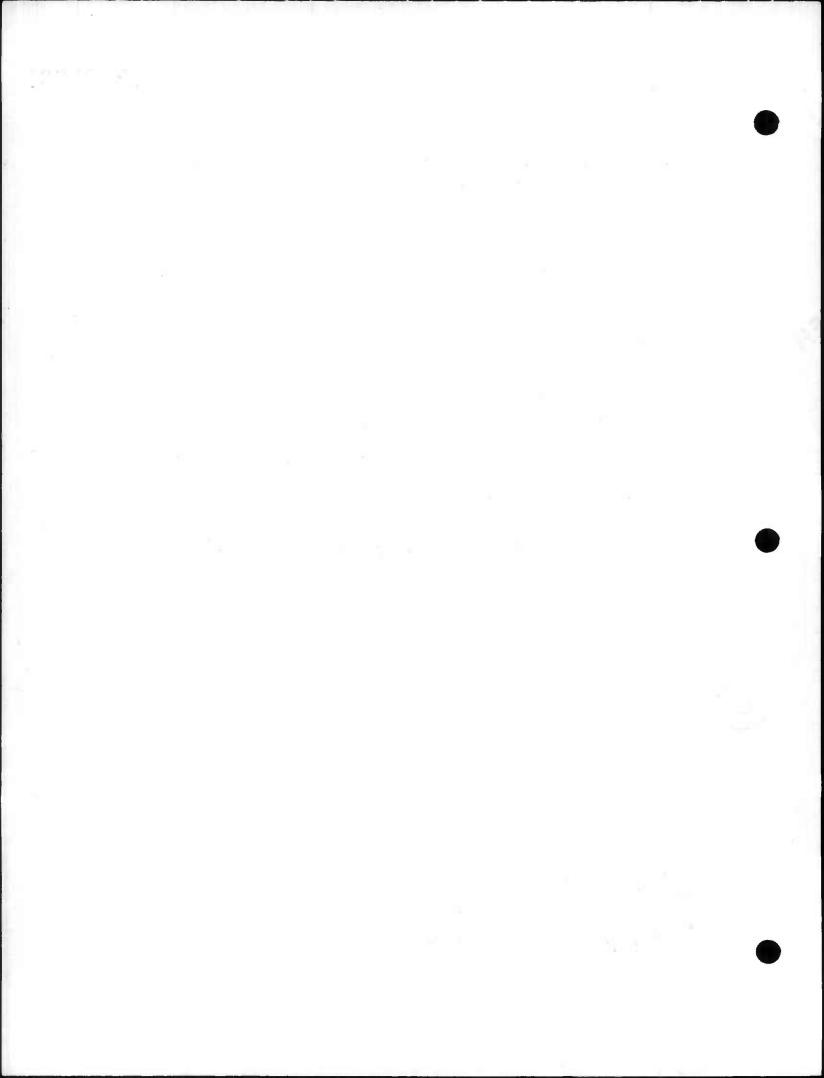
The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be wental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL BECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certifical be filed within 72 hours after death with the Stamm IMPORTANT: If Item 28 is marked, or Item FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

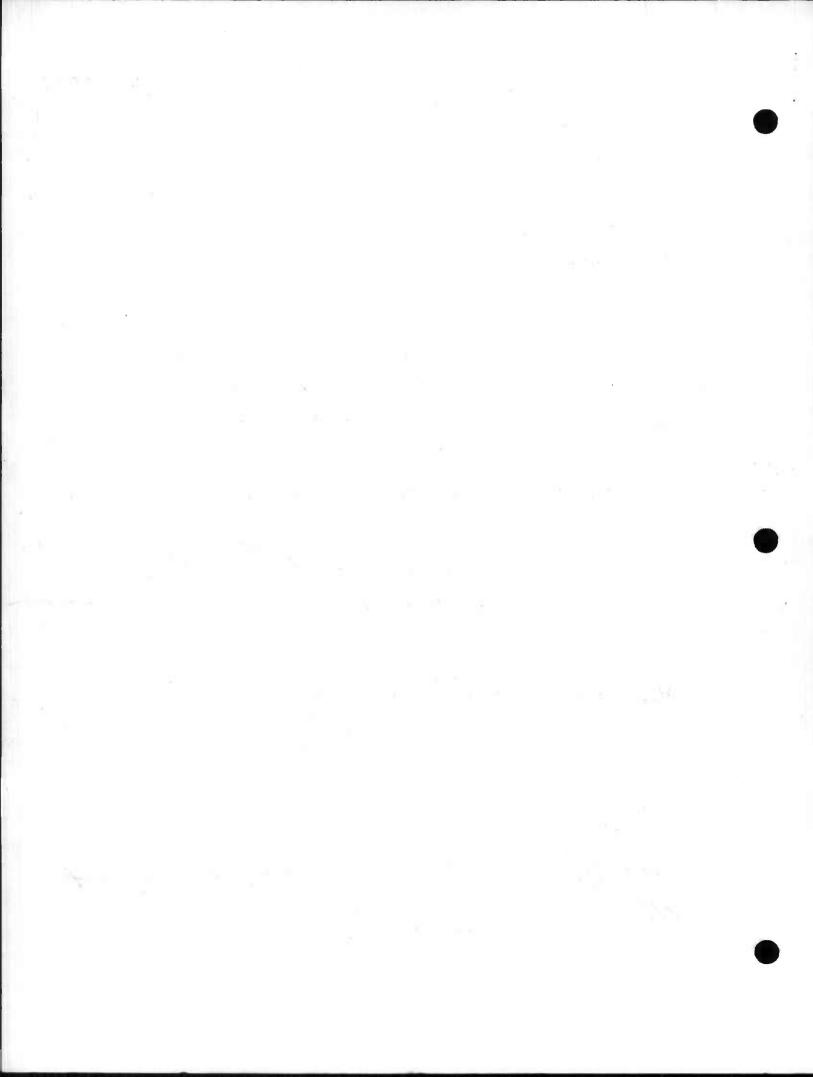
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DECEMBER SAME FOR ASSOCIATE   A. MCLAUGHLIN   2.000 of SCHOLAR   1.00 of SCHOLAR		_	REGISTRAR		CE	HILL	CATE	IF DEA	l II	RE	G. NO.			
B - SOULD SCORE FOR STATE   SOURCE PROPERTY   SO			1. DECEDENT'S NAME (First, Middle, Lest) JAMES	Α.	McI	LAUGI	HLIN			MONTH	DA			
224-22-5068 ***XPQ*********************************	ł		4. SOCIAL SECURITY NUMBER	S. SEY B. A	GF (In ure lee)	t highdays	IE IMPED 1 VE	AO E IMPE	0.04.000	0 =				
TO THE FUTUAM PLACE A PT. #402  BALTIMORE CITY  St. ROUTH WASE FOR CONTROLLING  THE SUPPLY AND ALL AND			224-22-5068	1 XM 2 □ F					MIN.	(Month, Day,	Year)	24	Count	ry)
TRESCRIPTION CONTROL PROCESSIONS OF DESCRIPTION SOLD STATES AND ADDRESS OF THE STATE AND MARKET STATES SOLD STATES AND ADDRESS OF THE STATES AND ADD										9c. COU				
The street and husbers   17.01 Eucla w Place	TOR			BALTIMORE CITY										
The street and husbers   17.01 Eucla w Place	E I				10c. CITY	, TOWN OR LO	CATION	-					10d, INSIDE CITY	
TO BUILD W Place    C. WILLIAM Place   C. Washington   C. Wash		5	Maryland				Ra1+	imore						
Black  The Second Control of the Second Cont						-								
Black  10 Store 1		E	1701 Futar Plac	70								log. or		
Black  10 Store 1		ŽΙ			ED IN II C ADI	MEO	12 446			0.0010010 10				
Sequentially list conditions, it among the sequence of the seq			1 Never Married 2 Merried	FORCES? 1 X	YES 2 N	0	If yes, specify Cuben, Mexican, Puerto Rican, atc.)					or No-	Blac	k, White, etc.
Whitfield McLaughlin  Whitfield McLaughlin					18e. DE0	CEDENT'S	USUAL OCCUI	PATION		16b. KIND	OF BUS	INESS/ING	DUSTRY	Diack
Whitfield McLaughlin  By Maithight Cardy The Section 1 Section Name of Austraction Nam		<u> </u>			(Gh	ve kind of w Do NOT us	rork done during p retired.)	g most of worki	ng	TAT VOL.				
Whitfield McLaughlin  By Maithight Cardy The Section 1 Section Name of Austraction Nam	1	4	Lientenary (0-12)	College (I-Col ST)	т	ARO	DED			Po+	h10	hom	C+	ool Corn
Whitfield McLaughlin  Whitfield McLaughlin	nce.	S	17. FATHER'S NAME (First, Middle, Last)			JADO.	KLLK	18 MOT	HED'S NAM				36	eer corb.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	at o			arh 1 i n				10. MO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   HOSPITAL: 1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH   28- DATE OF INJURY   28- TIME OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 29. Accident   Investigation   Investigation   Investigation   Investigation   Investigation   1   YES 2   NO  28. PLACE OF INJURY AT WORK? 1   YES 2   NO  29. CERTIFIER (Check only one)  28. PLACE OF INJURY - A1 home, farm, street, factory, office  28. INJURY AT WORK? 1   YES 2   NO  28. INJURY AT WORK? 28. IN	9			adiii I ii	10)	MAHINO	* DDDF00 (0)							
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3 Sulcide 4 Homicide 5 Could not be determined  290. CERTIFIER (Check only one) 290. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILEO (Month, Day, Year)  32 Sulcide 5 Could not be determined  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  284. LOCATION (Street and Number or Rural Route Number, City or Town, State)  285. LOCATION (Street and Number or Rural Route Number, City or Town, State)  286. LOCATION (Street and Number or Rural Route Number, City or Town, State)  287. LOCATION (Street and Number or Rural Route Number, City or Town, State)  288. LOCATION (Street and Number or Rural Route Number, City or Town, State)  290. CERTIFIER (Check only one) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  291. DATE FILEO (Month, Day, Year)  292. LICENSE NUMBER 293. DATE SIGNED (Month, Day, Year)  294. DATE SIGNED (Month, Day, Year)  295. SIGNATURE 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. LOCATION (Street and Number or Rural Route Number, City or Town, State)	5	X		1 Inpstient 2 ER/	Outpetient 3	□ DOA		Home 5 X R	eeldence 8	Other (Spec	clfy)			
3 Sulcide 4 Homicide 5 Could not be determined  290. CERTIFIER (Check only one) 290. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILEO (Month, Day, Year)  32 Sulcide 5 Could not be determined  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  284. LOCATION (Street and Number or Rural Route Number, City or Town, State)  285. LOCATION (Street and Number or Rural Route Number, City or Town, State)  286. LOCATION (Street and Number or Rural Route Number, City or Town, State)  287. LOCATION (Street and Number or Rural Route Number, City or Town, State)  288. LOCATION (Street and Number or Rural Route Number, City or Town, State)  290. CERTIFIER (Check only one) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  291. DATE FILEO (Month, Day, Year)  292. LICENSE NUMBER 293. DATE SIGNED (Month, Day, Year)  294. DATE SIGNED (Month, Day, Year)  295. SIGNATURE 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. LOCATION (Street and Number or Rural Route Number, City or Town, State)	narked,		Natural 5 Pending				JRY	WORK?		28d, DESCRIBE	N WOH	JURY OC	CURED	
36. Name and address of person who completed cluse of Death (ITEM 27) (Type, Print)  111 Penn Street, Baltimore, Maryland 21201  31. Date Fileo (Month, Day, Yoar)  32. Registalar's signature	1 2		3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (	JURY — A1 hor (Specify)	me, farm, si	treet, factory,	office				nd Number	r or Rural i	Route Number,
36. Name and address of person who completed cluse of Death (ITEM 27) (Type, Print)  111 Penn Street, Baltimore, Maryland 21201  31. Date Fileo (Month, Day, Yoar)  32. Registalar's signature	If Item	MPLE	(Check only											
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31. DATE FILEO (Month, Day, Year) 32/REGISTOR'S SIGNATURE			l → /											
				32/REGISTEAR'S	SIGNATURE	della								



BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	Detroit of Health and Mental Hyolene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PASSES. The law requires that the death certificate be executed within-	TO THE FUNERAL DIRECTOR: An "this security has been signed by the attending physician and completely filled in by the be filed within 72 hours after demonstrated to build cemation, or removal.	

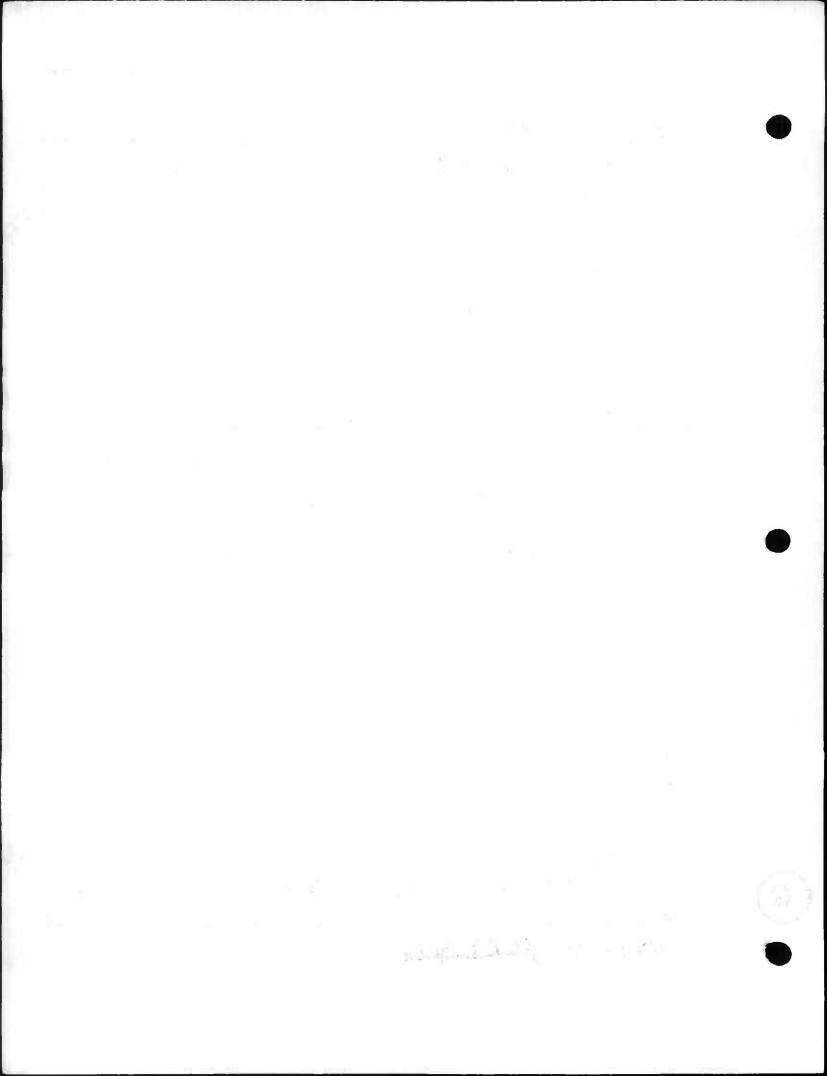
		FOR STATE REGISTRAR	STATE OF MARY				OF HEALT		MENTAL HYGIEN REG. NO.	7 11	00090
	ŀ	1. DECEDENT'S NAME (First, Middle, Last	)						2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
	1	Mary A. Moone							1/1/94		7000 M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lesi		IF UNDER 1	YEAR IF UND DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	C	HRTHPLACE (State or Foreign country)
	j	220-20-1005 9s. FACILITY NAME (If not institution, give		66	YRS.	a am			11/29/2		altimore, Md.
g						90. CITY,	TOWN OR LOCA	IION OF DE	AIH	9c. COUNTY C	
		202 Linhigh Avenue								Rait:	imore
DIRECTOR		10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?
	- 11	Maryland Bal	timore								1 TES 2 X NO
A		106. STREET AND NUMBER 202 Linhigh Avenue 21236									OF WHAT COUNTRY?
FUNERAL		11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADI	MED	12 W			IC ORIGIN? (Specify Yea		
	- 11	1 Never Married 2 X Married	FORCES? 1 YE	5 2 X N	0	lf.	yes, specify Cu	ban, Maxicar	, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc.
M A		3 Widowed 4 Divorced		DATES		1	YES 2 N	о эреспу			Specify: White
TED	1 1	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(Gi	ve kind of I	USUAL OCC	CUPATION ring most of wor	king	16b. KIND OF BUS	SINESS/INDUSTF	RY
FET		Etamentary/Secondary (0-12)	College (1-4 or 5 +)		Do NOT us						
once.		12 17. FATHER'S NAME (First, Middle, Last)		<u> Hou</u>	sewi	<u>re</u>	10 M/	THER'S NA	HOUSEK  #E (First, Middle, Maiden	eeping	
at o	- 14	Frank Pletka						len B		Surriame)	
Bellied		19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS			oute Number, City or Tow	n, State, Zip Code	9)
100		Martin F. Moone	V						to., Md. 2		
st b		20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Res	moval from State	Db. PLACE A	ND DATE	OF DISPOSIT	ION (Name of		DATE 20c. LO	CATION — City of	
Ē		4 Donation 5 Other (Specify)		Garde	ns' o		th Cem			timore	, Md.
min		21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	. 1			assahn		ral Home		
exa		Mussalm	Funoral	don	2	7	401 Be	lair	Rd. Balto.	, Md. 2	21236
edica	ı	23. PART i. Enter the diseases, or shock, or heart failure	complications that cause. List only one cause on	ed the dec	ath. Do r	not anter t	ha moda of d	lying, suct	aa cardiac or reapi	ratory arreat,	Approximate interval Batween
E =		IMMEDIATE CAUSE (Final	0		1	1	0		01	/	Onset and Daath
int, 1	disease or condition resulting in death) . On of five lunch on year ally									6yrs	
or other traumatic event, the medical examiner must be notified at once.  TO BE COM	JOHA MARTHUR D.										
or other traumatic		Sequentially list conditions, if any, leading to immediate put to (on as a consequence of):									
CA LT		cause. Enter UNDERLYING CAUSE (Disease or injury	· 080	alto.						V	aregrent
efte F		that initiated events	DUE TO TOR AS	и соизеб	UENCE &	Pi					
CER OF			4								
를 A		PART II. Other significant condition		but not re	eauiting	in the und	ariying cause	givan in l	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
any		105000	mod to	THE P		4			1 YES 2		COMPLETION OF CAUSE OF DEATH?
shows any : MEDIC.		Possible AD	i your	ref (	1/2	my	ins of	in	_		1 YES 2 NO
23 s CIAN:				a	rofia	long		tin "			
NO.		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (Che	ck only one)		
8		1 YES 2 NO	1 Inpatient 2 I ER/Os 28s. DATE OF INJURY		28b. TIM		8c. INJURY AT	Rasidenca	8 Other (Specify) 28d, DESCRIBE HOW II	N IIIDY OCCUPE	D
		1 Netural 5 Pending	(Month, Day, Year,		INJ	URY	WORK?	□ NO	ESG. DESCRIBE NOW I	NON! OCCURE	
S S	1	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUI	RY — At hor	na, farm, i	atreet, tactor	y, offica		281. LOCATION (Street &		ural Route Number,
28 TE		4 Homicide determined	Saliding, atc. (o)	oony)					City or Town, State)		
IMPORTANT: If item  O BE COMPLE			SICIAN: To the beat of my kno	wledga, des	ith occum	ed at the tin	e, data and pla	ce, and dua	to the cause(s) and mar	nner se stated.	
COMPL	1	one) 2 MEDICAL EXAMIN	On the basis of exeminat	ion and/or is	nveatigatio	n, In my op	nion, death occ	ured at the	lime, data and place, an	d due to the cav	ise(s) and manner as stated.
DRTA C C	п	296, SIGNATURE AND TITLE OF CERTIFIE	EH 1	7			29c. LI	CENSE NUM	BER	29d. DATE SIG	NED (Mopth, Day, Year)
TO B	- 18	MINO	0/1/6		)		1)0	270	195	1/=	5 193
		30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF E	EATH (ITEM	27) (Type	2010					
		31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	NATURE	we.						
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BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician.	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOX 68760,	TO AT HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	94 00091
3	1. DECEDENT'S NAME (First, Middle, Last)	MILLS		2. DATE OF DEATH DAY	year 6002-Am
	1000 111 110000	5. SEX 6. AGE (In yrs. lest birthday) 1	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
P.	Pa. FAGILITY NAME (If not institution, give stry Northwest H	ospital Center	9b. CITY, TOWN OR LOCATION OF	DEATH 9c. COUN	TY OF DEATH  HEMORO
DIRECTOR	10a. STATE 10b. COUNTY	10c. CI7	y town or Location		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	brook Rd Ad	101. ZIP CODE 2/2/2	10g. CITIZ	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1  Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexi- 1 YES 2 NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific N	cen, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	1s. DECEDENT'S EDUCA (Specify only highest grade of	ompleted) (Give kind of v	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/INDU	USTRY
MPLE	Elementary/Secondary (0-12)	Conege (1-4 or 5+)	imestic		
ш	17. FATHER'S NAME (First, Middle, Last)	S	18. MOTHER'S N	IAME (Eirst, Middle, Malden Surmame)	00
TO B	190 INFORMANTIS NAME (Type/Print)	able 731	ADDRESS (Street and Number or Rura  2 Fa broz	Route Number, City or Town, State, Zip	D Balto, nd
	20s_METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remov  4 Donation 8 Other (Specify)	rail from State 20b. PLACE AND DATE of demetery, crematory or or	ther place) Tom (Name of Cem.	DATE 200. LOCATION - C	SULLA MA
	21. SIGNATURE OF FUNERAL SERVICE LICE	Was I	22. NAME AND ADDRESS OF F	1H-West	10
	23. PARTY. Enter the disesses, or co	mplications that caused the death. Do rest only one cause on each line.	not antar the mode of dying, su		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTERI'S SOLERS: DUE TO (OR AS A CONSCOUENCE OF DUE TO (OR AS A CONSCOUENCE OF	TIE CARdioYA	SENLAR DISEA	Interval Between Onset and Death
TION		DIA BLAS M	ellitus		YEARS
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	F):		
- C	PART II. Other significant conditions	contributing to death but not resulting I	in the underlying cause given i	n Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA			The distribution of the second second	PERFORMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
N.					1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:	26. PLACE OF DEATH (C	heck only one)	
HYS	1 MYES 2 NO	1 Inpetient 2 FR/Outpetient 3 DOA  28a. DATE OF INJURY 28b. TIM	4 Nursing Home 5 Residence	8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCI	1950
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJ	WORK?  M 1   YES 2   NO		
<b>a</b>	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	straet, factory, office	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my knowledge, death occurre On the basis of examination and/or investigation	nd at the time, data and place, and du	is to the cause(s) and manner as state	d. cause(e) and manner as stated.
BE	200. Segleture how TITLE OF CHITTEEN	men In	29c LICENSE NO		SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Red'X Ave-	61-18-51	md 21228
	31. DATE FILED (Month, Day, Year) JAN 0 5 1994	PEGOTORS SIGNATURE	1100-	HIONSO, WE	1012 41 208



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n certificate be executed with prouts after death. Page 6 may be retained by the hospital or attending physician. Another principle of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Hyglene prior to burial, cremation, or removal. notitied at must be the medical examiner traumatic event, attending physician or other this certificate has been signed by the atter with the State Dept. of Health and Mental shows any item 23 s TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the SIMPORTANT: If them 28 is marked, or I

FOR 1 - STATE REGISTRAR		STATE OF I		) / DEPAR CERTIF					MENTAL HYGI REG.		94	0009	32
1. DECEDENT'S NAME (First	t, Middle, Last)	Eula Mi	itchell						2. DATE OF DEATI MONTH	DAY	YEAR 94	3. TIME OF DEATH	м
4. SOCIAL SECURITY NUMBER 220 – 30 – 317		5. SEX 1  M 2  F	6. AGE (In yrs	: last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea 4-10-1	)		HPLACE (State or Foreity) N.C.	ign
98. FACILITY NAME (If not institution, give street and number)  2501 Violet Avenue 904  RESIDENCE OF DECEDENT						v, тоwn d altim		ON OF DI	АТН	9c. CO	UNTY OF I	DEATH	
10a. STATE Md	10b. COUNTY	,				on Locat						10d. INSIDE CITY LIMITS? 1 YES 2 NO	0
2501 Vio					101. ZIP CODE 109. CITIZEN OF WHAT COUNT 21215 U.S. A					WHAT COUNTRY?			
1 Never Married 2	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cubsn, Msxicsn, Puerto Rican, etc.)  Black, Whits, st								
(Specify only highest grade completed) (Give kind of					USUAL OCCUPATION work done during most of working se retired.)			16b. KIND OF BUSINESS/INDUSTRY					
Elementary/Secondary (6		Contage (14 or 5	-,								eaut	y Salon	
17. FATHER'S NAME (First, M Clarence									me <i>(First, Middle, Mei</i> 11a Patte				

BE COMPLETED BY FUNERAL DIRECTOR 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Juanita Ward 4315 Reisterstown Road Baltimore, Md 21215 20a METHOD OF DISPOSITION
1 Burisl 2 Cremston 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stats DATE cemetery, crematory or other place King Memoria 4 ☐ Donation 5 ☐ Other (Specify) \_ 1594 Randallstown. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PARTII. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or haart failure. List only one cause on each line. Interval Retween Onset and Dasth IMMEDIATE CAUSE (Final disesse or condition\_ Cinon 6 mo reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions. DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? T YES 2 200 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINEN?
1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL ☐ Inpatient 2 ☐ ER/Outs me 5. Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) M 1 ☐ YES 2 ☐ NO BY 2 Accident 3 Suicide 28e. PLACE OF (NJURY — At home, term, street, factory, office building, etc. (Specify) COMPLETED 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledgs, death occurred at the time, dats and piscs, and due to the cause(s) and manner as stated. 299 ICENSE NUMBER NATURE AND TITLE OF CERT BE 0

31. DATE FILED (MorRh, Day, Year)

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<b>BALTIMORE, MARYLAND 21215-0020</b>	e law requires that the death certificate be executed within er hours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	er must be notified at once.
BALTI	un en nours after death. P	ety filled in by the funeral ration, or removal.	, the medical examine
<b>AL RECORDS, P.O. BOX 68760,</b>	e law requires that the death certificate be executed within	has been signed by the attending physician and completely filled in by the I Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	1 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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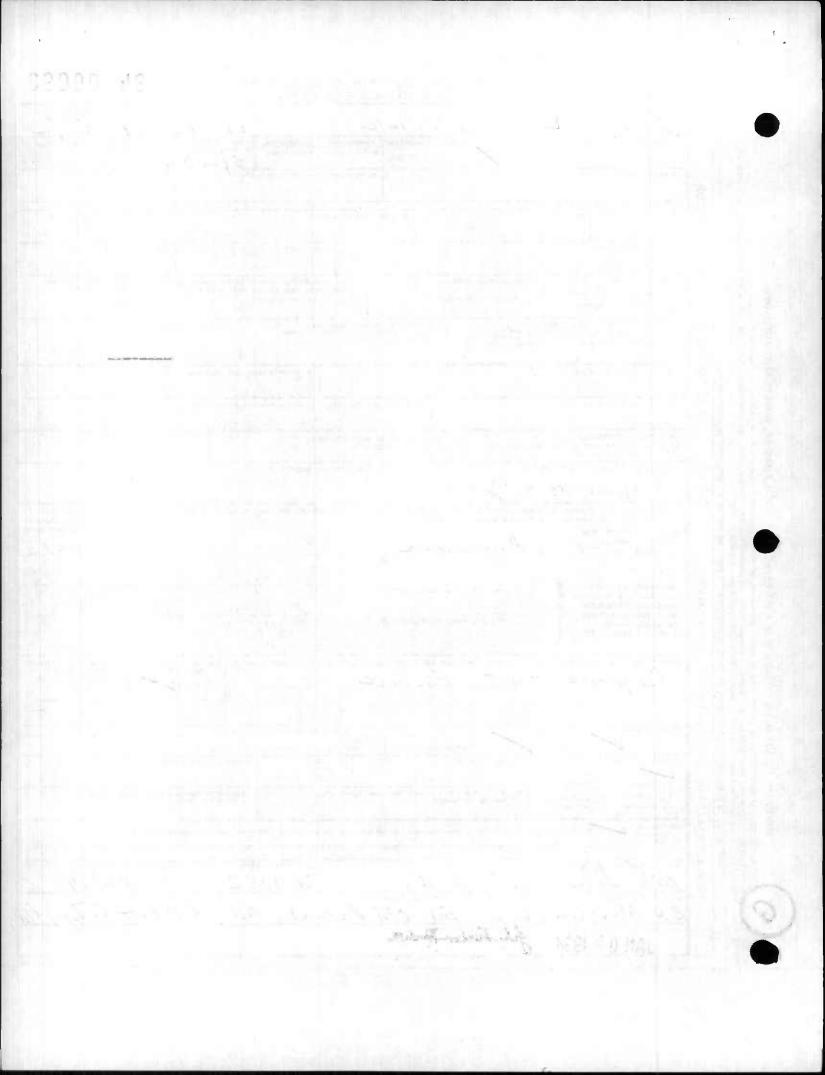
FUNERAL within 72 h HOSPITAL

THE HOSPITA TO THE FUNERA De filed within 7.

OR

ITEM: 16b, PER F.H. FILM G-707 1/5/94 t.t FOR STATE REGISTRAR 91, STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH YEAR Gladys 4 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS MIN. 1 M 2 DA 216-03-6490 5 26 106 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH Howard County General Hospital Columbia Howard County RESIDENCE OF DECEDENT 104. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Randallstown 1 TES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3801 Schnaper Drive Apt. 235 21133 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 YES 2 NO Specify: Specify: 3 🔀 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years Kernan Hospitla HOSPITAL Secretary 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnam William Pothast Elizabeth Agnes Bryant 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Joyce Tankersley 6033 Snow Crystle Columbia, MD 21044 20e. METHOD OF OISPOSITION
14 Burlet 2 Cremetton 3 Removal from State
4 Donetton 5 Dotter (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Lake View Memorial Park Sykesville, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PART /. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate ahock, or heart failure. List only one ceuse on each line. interval Bety IMMEDIATE CAUSE (Final **Onset and Death** disease or condition MEUMENIA reaulting in death) Weeks OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Congerive 1 YES 2 AND OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one. HOSBYAL: OTHER: 1 YES 2 NO etlent 2 ER/Outpatient 3 DOA g Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

🚛 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) end manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Mine less, 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Old ANNAPOLIS DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Everett ( Glenn Newton 94 11:45 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 4 -13-54 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 - F 213-68-8863 39 Md. nours after death. Page 6 may be retained by the hospital or attending physician. In the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Johns Hopkins Geriatric Center Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 206 Avondale Rd. 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1X Never Married 2 Merried BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Driver Marshall Trash Remover 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Ħ Lenora Custus BE Lenard Newton notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lenora Newton 206 Avondale Rd., Baltimore, Md. 21222 Pe 20e. METHOD OF DISPOSITION

ty Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must King Memorial Park 1/6 Randallstown, Md. other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St. filled in by the for, or removal, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. cremation, or Onset and Death IMMEDIATE CAUSE (Final disease or condition completely Head Injury with Complications resulting in death) DUE TO (OR AS A CONSEQUENCE OF): nding physician and com Hygiene prior to burial, Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, landing to immediata cause. Entar UNDERLYING HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): the attending ( that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any signed b 1 - YES 2 NO OF DEATH? 1 - YES 2 X NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | Dept. PHYSICIAN: certificate has the the State Dept 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DDA the 27. MANNER OF DEATH 26e. DATE OF INJURY Subject was pushed down and struck head on ground 28b. TIME OF 28c. INJURY AT WORK? this c marked, 3/9/93 INJURY 1 Natural 2:20A M 1 YES 2 X NO DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 221 Sollers Pt. Rd. Baltimore Co., Md. 3 Sulcide
4 X Homicide 6 Could not be COMPLETED in front of house 29e. CERTIFIER
(Check only one)

29 (VIMEDICAL EXAMINED: On the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and menner se stated. 2 X MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE hight MD ▶ Re-issued 5/2/94 **OCME** 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Donald G. Wright, M.D., Deputy Chief, 111 Penn St., Baltimore, Md. 21201 30 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 3 1994

23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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29e. CERTIFIER (Check only one)

29b. SIGNATURE AN

30. NAME AND AODRESS

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32. MIGISTRARIS SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIE REG. N		4	00095	
	1. DECEDENT'S NAME (First Mickle, Last)  EVELY  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. Is	HV			2. DATE OF OEATH MONTH	PAY 90	YEAR !	TIME OF OEATH	
	213-28-8453A	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1908					
TOR	99. FACILITY NAME (If not institution, give stre  ANNE ARUNDEL MEDIC  RESIDENCE OF DECEMENT		96	•	NNAPOLIS			Y OF DEAT		
DIRECTOR	MARYLAND 106. COUNTY	ANNE ARUNDEL	10c. CITY, TO	OWN OR LOCAT			-	1 200	d. INSIDE CITY YES 2 NO	
FUNERAL	100. STREET AND NUMBER 5063 LERCH DRIVE			10f	. ZIP CODE 20867		10g. CITIZE	N OF WHA	T COUNTRY?	
'n	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 222 IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DEC If yes, spi 1 — YES	cify Quben, Mexica	NIC ORIGIN? (Specify to in, Puerto Rican, etc.) y:	ee or No 1	4. RACE — Black, W Specify:	American Indian, Thite, etc. WHITE	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) ((	Give kind of work b. Do NOT use re SALES	done during mo-		166. KIND OF B		STRY		
BE CO	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN	BERCOVI	ITZ		18. MOTHER'S NA HANN	ME (First, Middle, Maide AH	n Surname)			
10						ode) 209				
	20e, METHOD OF DISPOSITION 1 Description 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	SHA	AND DATE OF D rematory or other I AREI ZI	oN ON	1-	4-94 ROS		CATION — City or Town, State  DALE , MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEP	Cittle		SO		CILITY ON & BROS TOWN RD B		RE,MC	21215	
	23. PART I. Enter the diseesee, or conshock, or heert fellure. List IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	mplicatione that caused the dist only one cause on each lin	MONI	A	de of dyling, suc	h as cerdiec or ree	piratory erres	it,	Approximete Interval Between Onset end Death	
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):	(72AC)	RIC C	ANZER			NEAR	
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions	contributing to death but not			ceuse given in		N AUTOPSY PRMED? 2 SNO	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
PHYS	1 YES 2 NO 1	28e. DATE OF INJURY (Month, Day, Year)		Nursing Home	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED		
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At h building, etc. (Specify)		M 1 🗆 Y	ES 2 NO	281. LOCATION (Stree City or Town, Stat		Rural Route	a Number,	

29c. INCENSE NUMBER

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician. DE COMDI ETED DY DUVEICIAN, MEDICAL CEDTIEICATION

Earl Hope
31. DATE FILED (Month, Dey, Year)

JAN 0 5 1994

REGISTRAR  DECEDENT'S NAME (First, Middle, Last)	Richa	rd PA	CERTIF ALASIK	ζ				2. DATE OF MONTH Janua	DEATH DAY	19	94	3. TIME OF DE 5:45	а
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER		OURS MIT	S.	7. DATE OF (Month, D	BIRTN ey, Year)		8. BIRT	NPLACE (State or try)	Foreign
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e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	r, TOWN OR L						NTY OF		
Franklin Squa	re Hosp	oital			Ro	ssvi	11	е		Ba.	ltim	ore Cou	nty
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	OR LOCATION	1						10d. INSIDE CI	Υ
Md. E	Baltimor	e					E	ssex				LIMITS?	
0e. STREET AND NUMBER					101. ZIF	P CODE	-			10a. CIT	IZEN OF	WHAT COUNTRY	JNO
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1020 FOXWOO	12. WAS DECEDEN	EVER IN U.S.	ARMED	13.1	WAS DECEND			OBIGIN2 (	Spacify Yea	or No		E - American In	tlen
Never Married 2 Married  Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2			If yes, specify	y Cuban, Ma	xican,				Spec	ck, White, atc.	
15. DECEDENT'S EDUC	CATION	16a	DECEDENT'S	USUAL OC	CCUPATION			185 KI	ND OF BUS	INESS/INC	HISTOY	WILL	
(Specify only highest grade	completed)		(Give kind of silfe. Do NOT us	work done o	during most of	f working		100, 10	DUS	WESS/MI	JOINT		
Elementary/Secondary (0-12)	College (1-4 or 5 +	'			Fact			-					
7. FATHER'S NAME (First, Middle, Last)			CIOC	IIIIIC		B. MOTNER'S	NAM	E /First Mick	lin Mairing S	Curnama)	_		-
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E.Q.W.d.I.U. P.d.I.  9a. INFORMANT'S NAME (Type/Print)	asık		105 MAILING	Anness	S (Street and h						Code		
					arlyn							21221	
Melvin Palasi  On METNOD OF DISPOSITION	K	_	209	14 • 14C	arryn		•	Dart	THIOT	e m			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) CHRISTINE 2. DATE OF DEATH DAY MONTH B POTZ 3. TIME OF DEATH YEAR CHRISTIME OT 9.40 A M 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRT'N (Month, Dey, Year) 8-10-1903 IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) 212-34-7810 DAYS HOURS MIN 1 M 2 TF 90 Baltimore Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samariton Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore -Towson Baltimore 1 TES 2 NO funeral director, page 5 should be detached for use as the burial-transit permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 24 Acorn CIrcle 21286 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuben, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 K Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) 8th Care Taker Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Otto Potz Barbara Casper BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Jennie Scheoeder 6600 Dawville Ave., Baltimore, Md. 21224 Pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Green nt Crematory Mount Baltimore. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkin Bradley-Ashton Funeral Home, Inc.
D00083 2134 WIllow Spring Rd., Baltimore, Md examiner hours after death. completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Deeth** HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 FUNEPAL OIRECTOR: After this certificate has been signed by the attending physician and completely fillewithin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, the disease or condition DUE TO (OR AS A CONSEQUENCE OF): HYPOXIC EMEPHALOPATHY TWO traumatic event, resulting in death) WEEKS Marchanian LEPROPER OF TWO WEEKS CARDIAC CERTIFICATION Atur D Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS PERFORMED? any 1 - YES 2 X NO ERIPHERAL VASCULAR 1 TES 2 NO FRACTURE PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpetient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 28 4 Nomicide Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. FUNERAL C within 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ea stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) EEL 0 8 MD JAMENTY. 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAMARITAN OWNSU (2000) 31. DATE FILED (Month, Day, Year)

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_	REGISTRAR		CE										
1	1. DECEOENT'S NAME (First, Middle, Last)	11 -	-1 -		-				2. DATE O	F DEATH	v	YEAR	3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		S. BIRTH	PLACE (State or Foreign
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	9e. FACILITY NAME (If not institution, give str	A			9b. CITY.					7 41			sissippi
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5	Northwest Hosp					1	N/A				176	LLAT	Imila
DIRECTOR	RESIDENCE OF DECEDENT												
#	10s. STATE 10b. COUNTY			10c. CITY	, TOWN OF	R LOCATIO	ON					1	10d, INSIDE CITY LIMITS?
5	Maryland Balt	imore			03 1	N/A							1 -YES 2 -NO
ا پ	10e. STREET AND NUMBER	2.11.0 1 0					ZIP CODI	E			10g. CITIZ	EN OF W	HAT COUNTRY?
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2	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	YES 2 N	MED O					IIC ORIGIN? n, Puerto R	(Specify Yes	or No	14. RACE Black	- American Indian, White, etc.
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	3 Madwed 4 Choiced											вта	CK
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4	Highschool	N/A	R	etir	ed					N/	Δ		
2	17. FATHER'S NAME (First, Middle, Last)					T	18. MOT	HER'S NA	ME (First M	iddle, Maiden	Sumama)		
	Johnny webber										,		
H 1									Joi				
5	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow			
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ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	G	OR AS A CONSECUTION AS	PUENCE OF	211								
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requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending physician. en signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that and Mental Hygiene prior to burial, cramation, or removal. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OF ATTENDAGE THE LAW Equires that the death certificate be executed within any after death. Page 6 may be retained by the hospital DHECOR After the Control of School of School of Getach be filed within 7 from the most with the best of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is married, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ECORDS, P.O. BOX 13146,

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The part of the death certificate be executed within principle within the page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR After this centerate management of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	id Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TRALE- REQUES THE	TO THE FUNERAL DIRECTOR: After this centern harden upon	be filed within 72 hours after death with the State Dept. of Thesith a	IMPORTANT: If Item 28 is marked, or Item 23 shows any

	- STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CEF	RIIF	ICATE OF	DEA	IH	REG.  2. DATE OF DEATH MONTH		VEAD	3. TIME OF DEATH
	Elizabeth Stew	art							03	YEAR 94	Marine .
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last be	-	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	n	8. BIRTHI	PLACE (State or Foreign
	214-40-5174	1 M 2 F	90	YRS.	MONTHS DAYS	HOURS	merra.	Aug 30	1903		Virginia
~	9e. FACILITY NAME (If not institution, give a				9b. CITY, TOWN	OR LOCATE	ON OF DE	ATH	9c. COI	INTY OF DE	EATH
2	2406 West Lafayette Avenue Baltimore										
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
# I	Maryland				Balti	more	2				LIMITS?
4	10e. STREET AND NUMBER					. ZIP COD			10g. CIT		HAT COUNTRY?
	2406 West Lafa	vette A	venue			2.1	216			TT	SA
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARME		13. WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN? (Specify	Yes or No-	14. RACE	- American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 NO			ecify Cube		n, Puerto Rican, etc.	)	Specify	, White, etc.
	21.										Black
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give	kind of w	USUAL OCCUPATION WORK done during motion at retired.)	DN ost of workli	ng	16b. KIND OF	BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	*)_					D-1+-	0:1	D.	alali a Gala
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	college	5+ I T	eac	her	18. MOT	HER'S NA	ME (First, Middle, Mai		cy Pi	ublic Sch
	Frederick Jenk	ins						hine Sm			
BE -	19e. INFORMANT'S NAME (Type/Print)	2110	19b. 4	MAILING	ADDRESS (Street of			Route Number, City or		p Code)	
2	Earlene E. Jen	kins			6th Pl						20017
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Rem		20b. PLACE ANS	DDATEC	OF DISPOSITION (No			DATE 20c			
	4 Donation 5 Other (Specify)	IOVAI From State	- Arbut	tory or ot US	Memori	al F	ark	1/6 B	altir	nore	Co. MD
	21. SIGNATURE OF FUNERAL SERVICE LI	DENGEE							O 24 O 25 A	1000	
	. //		/	1	22. NAME A	ND ADDRE	SS OF FA	OLITY Nutter	Fune	ral H	lomes. Inc.
- 10	A S. A	Kto.	use A	2	22. NAME A	od addre Gwyni	ns F	Nutter	Fune.	ra]. H	lomes, Inc.
-	23. PART J. Enter the diseases, or	Complications the	uy H	h. Do n	2501 Balti	Gwyni more	ns ra MD	alls Parl 21216	cway		Approximete
1	23. PART I Enter the diseases, or shock, or heart failure.	complications the	it clused the deetl	h. Do n	2501 Balti	Gwyni more	ns ra MD	alls Parl 21216	cway		Approximete interval Between
	23. PART   Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one cau	use on each line.		22. NAME AI 2501 Balti	GWYNI MOTE Ide of dy	ns Fa , MD Ing, suci	CLLTY Nutter alls Parl 21216 h aa cardlec or re	cway		Approximete interval Between
	23. PART I Enter the discesses, or shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cau	use on each line.		22. NAME AI 2501 Balti	GWYNI MOTE Ide of dy	ns Fa , MD Ing, suci	CLLTY Nutter alls Parl 21216 h aa cardlec or re	cway		Approximete interval Between
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Lest) FRANKLIN SUNSTROM 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Pay, Year 07/12/ IF UNDER 1 YEAR IF UNDER 24 HRS 212-05-7119 79 DAYS 1 X M 2 | F HOURS YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Harbor Hospital Center Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Baltimore Maryland Anne Arundel t permit. 10f. ZIP CODE FUNERAL Avenue. detached for use as the burial-transit mD 2/225 the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuben, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marri BY 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced World War II COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Traffic Manager 4 years Baltimore Gas & Electric 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Elmer Sunstrom Emma Rowan 6 funeral director, page 5 should be BE Page 6 may be retained notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Franklin Sunstrom 452 No1crest Road Glen Burnie, Maryland 21061 Pe 20a. METHOD OF DISPOSITION
1 🔀 Burlel 2 🗆 Cremation 3 🗀 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Cedar Hill Cemetery 1/6 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. ours after death. led in by the fi mar 4001 Ritchie Hwy. Baltimore, Md. medical 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Finel the attending physician and completely filler. Mental Hygiene prior to burlal, cremation, the disease or condition resulting in death) Perpitaly For Falm event, 3OX 68760, ght appelobe wiral traumatic CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Atur CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 th death Injury. PART II. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Health and N any 1 YES 2 NO 10 ICIAN: has the 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The 26. PLACE OF DEATN (Check only one) h the State Hem HOSPITAL: OTHER:
4 Nursing Nome 5 Residence 8 Other (Specify) PHYSI 1 YES 2 NO nt 2 - ER/Outpatient 3 - DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, this c 1 Natural 8 Pending 1 YES 2 NO BY After t 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 8 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 tem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL (
within 72 h 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. PORTANT:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29c. LICENSE NUMBER

DHMH-18 Rev 1/89

94

9c. COUNTY OF DEATH

3. TIME OF DEATN

10d. INSIDE CITY

14. RACE American Indian, Black White etc.

1 YES 2 1 NO

White

intarval Between

**Onset and Death** 

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED, (Month, Day, Year)

COMPLETION OF CAUSE

8. BIRTNPLACE (State or Foreign

Maryland

10g, CITIZEN OF WHAT COUNTRY?

U.S.A.

Specify

03 = 18 AM

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2 2 2 ₹

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

Dr SOE

JAN 0 5 1994

MB

Hospit 32. PEGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

HABAR

BALTIMORE, MARYLAND 21215-0020	rurs after death. Page 6 may be retained by the hospital or attending physician.
	ê
3OX 68760,	te be executed within
). E	rtifica
D.	ath ce
DIVISION OF VITAL RECORDS, P.O. BOX 68760	aw requires that the dea
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and locally be death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE		ICATE OF	DEATH		REG. NO.		94	0010	
	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH	
	Kirk	Α.		Thom	npson		01	01		YEAR	0450	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	-	e. BIRTHI	PLACE (State or Foreig	gn
	212-33-1742	1 M 2 D F	20	YAS.	MONTHS DAYS	HOURS MIN.	7 /	22/1	973	West	Indies	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF DE				NTY OF OR		
FUNERAL DIRECTOR	Sinai Hospital Baltimore											
)IRE	10a. STATE 10b. COUNT	1			Y, TOWN OR LOCA TMOYE	TION					10d. INSIDE CITY LIMITS?	
AAL (	10e. STREET AND NUMBER			<u> </u>	10	21208					1 X YES 2 NO	-
当	9 Leafydale Court									S A		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	MED IO	Il yes, sp	ecity Cuban, Mexica 2 NO Specifi	ın, Puerto Rice	Specify Yee en, etc.)	or No-		- American Indian, White, atc. V: Black	
	15. OECEDENT'S EDU (Specify only highest grade	CATION	18e, DE	CEDENT'S	USUAL OCCUPATION	ON	16b. KI	ND OF BUS	SINESS/IND	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Elden.	Do NOT us	vork done during mo ne retired.)	st of working						
MO	17. FATHER'S NAME (First, Middle, Last)	11001				16. MOTHER'S NA	ME /First Adid	dio Maidae	Company			
BE C	Delroy Thompson					Paulette		ure, marueri	surname)			
2	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street of	and Number or Rural	Route Number,	City or Town	n, State, Zip	Code)		
F	Paulette A. Thomp	son		9 Le	afydale Co	ourt Bali	timore,	Md 21	208			
	20e. METHOD OF DISPOSITION  1) Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stale	20b. PLACE A Cemetary cre WOOD AV	MD OATE O	of oisposition (Na ther place) ETELY	ame of	1894		timor	e, Md	vn, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	^			ND ADDRESS OF FA	CILITY				***	$\neg$
	ineen of	Edmo	P		March 4300	F/H West Waabash Ave	anua					
	23. PART I. Enter the diseases, or eahock, or heart fellure.	omplications that	ceused the de	eth. Do r	not enter the mo	de of dying, suc	h es cardie	or reepl	retory en	reat,	Approximete	
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	disease or condition resulting in deeth)	· Ve	od a	nd	Les	A I	NIU	rive	5			
		DUE TO	OR AS A CONSEC	DUENCE O	F):	•	1					
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
CAT	If any, leading to immediate cause. Enter UNDERLYING	c										
Ē	CAUSE (Disease or Injury thet initieted events	DUE TO (	OR AS A CONSEC	UENCE OF	F):							
E	resulting in death) LAST	d										
O	PART II. Other algnificant condition	s contributing to	death but not r	eaulting	in the underlyin	Cause alven In	Part I 2	Is. WAS AN	ALITODEV	245	WERE AUTOROV PINIO	11100
PHYSICIAN: MEDICAL			acadir but not i	cauting	iii tile ullucityiii	g caose given in	rait i.	PERFOR			WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAU	
							- 1	YES 2	□ NO	- 1	OF DEATH?	120
Σ							—   ′	·			1 YES 2   NO	
AN	25. WAS CASE REFERRED TO MEDICAL					105 05 051711 101						
S	EXAMINER?	HOSPITAL:	F710 1 11 1 1		OTHER:	ACE OF OEATH (Ch						-
¥	27. MANNER OF DEATH	1X Inpatient 2  28e. OATE OF		28b. TIM		e 5 Residenca	6 Other (S		HIPV OC	CHREA		
	1 Netural 5 Pending	(Month, Da	y, Year) 1994	002	URY WO	RK?						- 1
è l	2 Accident Investigation Suicide & Could not be	28e. PLACE OF	INJURY — At ho		street, lactory, offic		28f LOCATE	ON (Street a	nd Number	or Rural B	oute Number,	-
COMPLETED	8 Could not be 4 Homicide determined	building, e	on str				City or	Town, State)	W. N	orth	ern Pkwy.	. &
٣	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of			of at the time, date	and place, and due	Walla	SIL AL	enue			
Ř	(Check only one) 2 MEDICAL EXAMINE										end manner ee state	. I
	29b. SIGNATURE AND TITLE OF CERTIFIER											
H	11 ( 10 1 1)	154	oM)	)		29c. LICENSE NUI			<b>.</b>		(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	A 27) (Type	Print)	0.C.M	LE.		0.1	01	1994	
	JUARON L	OCKE,	1110			et, Balti	more,	Mary	land	212	201	
	31. DATE FILED (Month, Day, Year)  JAN 0 5 1994	Julie &	videon Abr	delle		111						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs	
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뿓	품	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	94 00102		
	1. DECEDENT'S NAME (First, Middle, Last) Roble	T R.		Webb,	2. DATE OF DEATH MONTH DAY	97EAS SUSA M		
	4. SOCIAL SECURITY NUMBER 425-38-6751	1 ☑ M 2 □ F	63 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS.  ONTHE DAYS HOURS MIN.	2. DATE OF BIRTH (Month, Day, Year) Aug. 12, 19			
TOR	9a. FACILITY NAME (II not institution, give street and number)  Carroll County General Hospital  RESIDENCE OF DECEMENT  9b. CITY, TOWN OR LOCATION OF DEATH  Carroll  Westminster  Carroll							
DIRECTOR	10e. STATE 10b. COUNT	erick		own or Location		10d. INSIDE CITY LIMITS? 1 ☐ YES 2※XNO		
FUNERAL	100. STREET AND NUMBER 17041 Bullfrog R	.oad		10f. ZIP CODE 21727		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 12 YES IF YES, GIVE WAR OR D  Korean	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi- 1 YES 2 NO Spec	an, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most al working etired.)	16b. KIND OF BUSIN			
COM	17. FATHER'S NAME (First, Middle, Last)		Песна		AME (First, Middle, Meiden Su	ırname)		
O BE	William M.  190. INFORMANT'S NAME (Type/Print)	Webb	19b. MAILING AI	DDRESS (Street and Number or Rura	Etta King  Route Number, City or Town,	State, Zip Code)		
5	Mrs. Sarah Jane W			Bullfrog Road	Emmitsburg,			
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	loval from State	b. PLACE AND DATE OF metery, crematory or othe rospect U.	M. Ch. Cemete	ry 1/4 Mt.	Airy, Maryland		
TO BE COM	21. SIGNATURE OF FUNERAL BERVICE U	covise	ablovey	Burrier-Quee	n Funeral Di	rectors, P.A. 21784		
AL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CAUCIOF  a. FOUE TO (OR AS )  DUE TO (OR AS )	each line.	Vel AUN= 5 Cavdeo Va	1	interval Between Onset and Death		
MEDICAL	PART II. Other algnificant condition	na contributing to death b	but not resulting in	the underlying cause given i	Pert i. 24s. WAS AN AI PERFORM	AMAILABLE PRIOR TO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Property Nursing Home 5 Residence of Residen	28d. DESCRIBE HOW INJ	JURY OCCURED		
G	2 Nocident seventiment of the sevent of the							
BE COMPLET				nt the time, data and place, and do in my opinion, death occured at the	e time, date and place, and	er as stated. due to the cause(e) end manner se stated. 29d. DATE SIQUED (Minorit, Day, ther)		
86	30. NAME AND ADDRESS OF PERSON WE	OCCOMPLETED CAUSE OF M	EATH (ITEM 27) POPO, PI	We59	95	2 Joy 94		
	31. DATE FILED (Month, Day, Year)	ONOS 39 PAGISTANIS SIGN	MATERIAL MAT	vell count	7 GENERA	al Hest.		
	JAN 05 1994	The state of the s	- Agriculture		10	,		

Pages 1, 2, 3 should

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use as the

DIRECTOR

BY FUNERAL

COMPLETED

1 Notural

2 Accident

3 Suicide

4 Homicide

2

5 Pending Investigation

JAN 0 5 1994

TO BE COMPL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
is ruiteral unector, page 3 should be detached al.	TO THE FUNERLUNG MISS THIS THIS CONTINUE THE CONTINUE THE CONTINUE THE CONTINUE THIS WAS A CONTINUE THIS OF THE CONTINUE THIS CO
ir death. Page 6 may be retained by the hospita	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The way was the properties of the hospital by the hospital properties of the pro

94 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 21 1 WM 2 | F YRS. Balto. MD 9a. FACILITY NAME (# 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Sing ta timore N/A RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A 1 YES 2 NO Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4001 Belview Ave. 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES △ 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 24 NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11th Laborer N/A Hydro-Conduit 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ollie White Lucille Rantin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) LUCILLE White Balto.MD 21215 Relview Ave 20e. METHOD OF DISPOSITION

1 XBurlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cemetery, crematory or other p 1/7/94 4 Donation 5 Other (Specify) Glen Burnie, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 34. E Howell. Unity Funeral Home 108 North W Ave Balto 23. PART I. Entar the diseasea, or complications that ceueed the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximata Interval Between ahock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition MOXIC ENCE anoxic 0 reculting in death) neumonia Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPS 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO lent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

1 YES 2 NO

29d. DATE SIGNED (Morth, Day, Year) 29b. SIGNATURE AND JITLE OF CENTIFIE 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DESTRI (ITEM 27) (Type, Print)		11
10:11	01111	1	11 . 3 / 1
Michael	Pullar MD	71100	MAGAITAI
1100100			10/11/00
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S BUNATURE		

DALLIMORE, MARTLANI	hours after death. Page 6 may be retained by the ho	filled in by the funeral director, page 5 should be detact on, or removal.	he medical examiner must be notified at once.
DIVISION OF THE RECORDS, P.O. BOA 66/ 60	TO THE HOSPITAL OR ATTENDING PLASMAN. The wingsites that the death certificate be executed with. hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After the second line has been spored by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the Standard of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked at 120 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHISICIAN THE	TO THE FUNERAL DIRECTOR: After the Silver Shows after death	IMPORTANT: If item 28 is marked or item

Ţ	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT			MENTAL HYGIENI REG. NO.	94	00104
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
	JACKIE DECOAS	TER WILLIS	3			Jan 3	1994	м
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs. les		R t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
	226-72-8572  9e. FACILITY NAME (If not institution, give stree	ot and number)	YRS. MONTHS		LOCATION OF DE	Aug 16 1		Vi <u>r</u> ginia
DIRECTOR	5616 Northwood		В	alti	more			
REC	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATIO	ON			10d. INSIDE CITY LIMITS?
	Maryland  100. STREET AND NUMBER		Ba 1	timo				1XXYES 2 □ NO
FUNERAL		- ·		107. 2	ZIP CODE			WHAT COUNTRY?
N.	5616 Northwood	Drive  2. WAS DECEDENT EVER IN U.S. AR	44ED 44		21212			ISA
	1 Never Merried 2 Merried	FORCES? 1 YES 2 X	IO 13	If yes, spec	ify Cuban, Mexice	NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bla	CE — Americen Indian, ick, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 [ YES 2	NO Specify	r:	Spe	Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION 16a. DE	CEDENT'S USUAL	OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY	DLack
핔		College (1-4 or 5+)	ive kind of work done Do NOT use retired.	auring most )	of working			
Ē	High School		Line	Work	er	Merry-	·Go-Rou	nd Indust.
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden :	Surname)	
BE (	Edward Lowe				Gertr	ude Ball		
2	19a. INFORMANT'S NAME (Type/Print)	191	. MAILING ADDRES	SS (Street and	d Number or Rural F	Route Number, City or Town	, State, Zip Code)	
-	Roger E. Willis	5 5	616 No	rthw	ood Dr	<u>ive</u> Bal	timore	, MD 21212
	20e. METHOD OF DISPOSITION 1 ◯XBuriel 2 □ Cremation 3 □ Remova	of from Plate   cometery cre	AND DATE OF DISPO	al .		1	CATION — City or	,
	4 Donation 5 Other (Specify)	Zion	Baptis	t Chi	arch Ce	em1-8 Kin	sale,	<u>Va</u>
	It signature dyruneral statice year	SEE				alls Parkw		Homes, Inc.
	Comer 9	Emy. W.	T T	Raltin	nore. Ma	rvland 21	216	_ 1
	23. PART I. Entar the diseases, or con abook, or heart failure. Lie	nplications that caused the de it only one cause on each line	ath. Do not ente	r tha mode	e of dying, suc	h as cardiac or respir	ratory arrest,	Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		tic C	slou	Can	ar		Onset and Death
		DUE TO (OR AS A CONSEC	DUENCE OF):					
NO	Sequentially list conditions, b.	DUE TO (OR AS A CONSEC	NIENCE OD.					
ATI	If any, leading to immediata cause. Enter UNDERLYING	DOE TO (ON AS A CONSEC	DUENCE OF J.					
음	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE OF):					<del> </del>
CERTIFICATION	resulting in death) LAST							
	DARK II Oak a al- Mila a a a did							
N.	PART II. Other significant conditions of	contributing to death but not r	esulting in the u	inderlying	cause given in	Part I, 24s. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 YES 2	□ NO	OF DEATH?
M								1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
0	EXAMINER?	IOSPITAL:	OTHE	R:	CE OF DEATH (Chi			
¥.	1 YES 2 NO 1	28e. DATE OF INJURY	28b. TIME OF	28c. INJUI		6 Other (Specify) 28d. DESCRIBE HOW IN	LILIEN COCHEEN	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR		200. DESCRIBE NOW IF	IJONT OCCORED	
B	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJURY — At ho	me, farm, street, fa			28t, LOCATION (Street a	nd Number or Rure	I Brute Number
딢	4 Homicide 8 Could not be determined	building, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	.,		City or Town, State)		
9	29e. CERTIFIER	My To the head of our branch do a d						
COMPLETED		N: To the best of my knowledge, de On the basis of examination of the						e(e) end mennar as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	C Ash	.A.)		29c. LICENSE NUM			
BE	(XICOTIVO)	a Vacobe	nul		7/50	46	▶ //4	EDJ(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CARSE OF DEATH (ITER	W 27) (Type, Print)	Lock	) Ann	en Blud.	ROOL	1112
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	3001	wa	1 felle	u pouco.	preyl	more my
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	REGISTRA			CERTIF	TOATE OF	DEATH		REG. NO	).		
		NAME (First, Middle, Le					MONT			EAR	3. TIME OF DEATH
	CHARL			AGE (In yrs. lest birthday)				3, 19			
	213-12		1 K M 2 F	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	th, Day, Year)		Country	"
		ME (If not inatitution, gir	re atreet and number)		9b. CITY, TOWN (	OR LOCATION OF D		t 12,	1914		cyland
AL DIRECTOR	7008 H	ampton Ci	rcle	ENVER IN	Mt. Ai						County
	RESIDENCE 10a. STATE	OF DECEDENT		10c. CIT	Y, TOWN OR LOCAT	TION					10d. INSIDE CITY
	Maryla	nd Ca	rroll Co.	Mt.	Airy						LIMITS?
	10e. STREET ANI					f. ZIP CODE			10g. CITIZEI	N OF W	VHAT COUNTRY?
FUNERAL		Hampton C				21771			USA	1	
FU	11. MARITAL STA	TUS	12. WAS DECEDENT EV	YES 2 NO	13. WAS DEC	CENDENT OF HISPA Decify Cuban, Maxic	NIC ORIGI	N? (Specify Ye Rican, etc.)	a or No- 14		- American Indian, c, White, atc.
ВУ	3 Widowed		IF YES, GIVE WAR	OR DATES	1 TYES	S 2XXNO Spec	tty:			Speck	w. White
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LET		econdary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)	ost or working					
COMPL	6 year			Mechani	ic				rnment		
		ME (First, Middle, Lest)	owfic13			18. MOTHER'S N			Surname)		
8		S Allen W	arrieid	19b, MARI ING	ADDRESS (Straet o	Anna P			en Stata Zin Co	nde)	
2	250/78 (0.10 %)		. Barnhart			Rd. M				771	
	20a. METHOD OF	FDISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (Ne		DAT		DCATION — CIT		
		☐ Cremation 3 ☐ R 6 ☐ Other (Specify) _	amovat from Stata	cometery, cremetory or o Poplar Spi	ther place)	m.	11-	6 Pop	lar Sp	rin	igs. MD
	21. SIGNATURE	OF FUNERAL DECKNOR									1.00
		OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF F	ACILITY				-
	23. PART I, Ér ah IMMEDIATE C	nter the diseases, ock, or heart fallul	1 1	on each line.	Burri 1212	nd Address of Fer-Queen  W. Old I  ode of dying, su	Fun i Fun iber	eral D	Winfi	rs,	Approximate Interval Bette Onset and I
	23. PART ( Er	nter the diseases, cock, or heart fallur	or complications that care. List only ona cause	on each line.	22. NAME AI BURRI	nd address of F er-Queen W. Old I	Fun i Fun iber	eral D	Winfi	rs,	Approximate Interval Bette Onset and I
ATION	23. PART I Er ah IMMEDIATE C disease or co resulting in di	nter the diseases, cock, or heart failured.  AUSE (Final addition and addition and addition and addition and addition and addition and additional addition	a	on each line.	22. NAME AI BURRI 1212 Not enter the mo	ND ADDRESS OF F er-Queen W. Old I ode of dying, su	Fun i Fun iber	eral D	Winfi	rs,	Approximate Interval Bette Onset and I
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1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTI CERTIFICATE OF DEA
1. DECEDENT'S NAME (First, Middle, Last)	

BARCLD L.  SOFE START PARCET NAME (FIR LANGE AND LESSES	_	1 - STATE REGISTRAR			ICATE OF		MENTAL HYGIEN		4 0	010
THE PRINCE OF PRECIDENT SUCCESSION OF STATE OF S		НА	ROLD L.			FE	JANUARY "	<b>1,</b> 1994		
BALTIMORE    Society   Soc		· · · · · · · · · · · · · · · · · · ·	100			1	7. DATE OF BIRTH	923		
32.01 OLD POST DRIVE, APT. 2  11. MANTAL STATUS  11. MANTAL STATUS  11. MANTAL STATUS  12. WAS DECEDENT EVER IN U.S. ANABED  17. WAS DECEDENT OF HIBMANC ORNOROT (Specify Yea or No - 14. AACE - American Indi  18. WAS DECEDENT OF HIBMANC ORNOROT (Specify Yea or No - 14. AACE - American Indi  18. WAS DECEDENT OF HIBMANC ORNOROT (Specify Yea or No - 14. AACE - American Indi  18. WAS DECEDENT OF HIBMANC ORNOROT (Specify Yea or No - 14. AACE - American Indi  18. WAS DECEDENT OF HIBMANC ORNOROT (Specify Yea or No - 14. AACE - American Indi  18. WAS DECEDENT OF HIBMANC ORNOROT (Specify Yea or No - 14. AACE - American Indi  18. WAS DECEDENT ORNOROM (Specify Yea or No - 14. AACE - American Indi  18. WAS DECEDENT ORNOR (Specify Yea or No - 14. AACE - American Indi  18. WAS DECEDENT ORNOR (Specify Year Ornor Year Ornor)  18. WAS DECEDENT ORNOR (Specify Year Ornor)  19. WAS DE	~	9a. FACILITY NAME (If not institution, gi	ve street and number)				EATH	9c. COUNT	Y OF DEATH	12.
3201 OLD POST DRIVE, APT. 2  11. MANDALTHA, STATUS  11. MANDALTHA, STATUS  12. WAS DECEDENT EVER IN U.S. AMADE  12. WAS DECEDENT EXPERT IN U.S. AMADE  13. WAS DECEDENT OF RESEARCH CONTROL OF RESEARCH CONTROL OF PLANT AND CONTROL  14. WAS DECEDENT OF RESEARCH CONTROL  15. WAS DECEDENT OF RESEARCH CONTROL  16. WAS DECEDENT OF RESEARCH CONTROL  17. WAS DECEDENT OF RESEARCH CONTROL  18. WAS DECEDENT OF RESEARCH CONTROL  19. WAS DECEDENT OF RESEARCH C	CTO									
Type   Company   Secondary	OIRE								-	LIMITS?
Type   Company   Secondary	ERAL		DRIVE, APT. 2					10g. CITIZI		COUNTRY?
OPTICIAN  15. MOTHER'S NAME (First, Mickins, Last)  PART II. Other significant conditions  15. WAS CASE REFERRED TO MEDICAL  16. WAS CASE REFERRED TO MEDICAL  17. FATER'S NAME (First, Mickins, Last)  18. MOTHER'S NAME (First, Mickins, Last)  19. MOTHER'S NAME (First)  20. MOTHER'S NAME (Fir	BY	1 Never Married 2 XMarried	FORCES? 1 TY	ES 2 NO	If yes,	specify Cuban, Maxic	en, Puerto Ricen, alc.)	a or No.— 1	Black, White	nerican India ia, atc.
OPTICIAN  TOWN OPTICAL  15. MOTHER'S NAME (First, Models, Last)  BENNE  YOFFE  16. MALHING ADDRESS (Street and Number or Rural Route Number. City or Bown, State, Zir Code)  MRS BEATRICE VOFFE  32.01 OLD POST DRIVE, APT. 2 BALTIMORE, MD 2120  32.01 SUPPLIES TO STATE (Stock)  32.02 SUPPLIES TO STATE (Stock)  32.02 SUPPLIES TO STATE (Stock)  32.03 SUPPLIES TO STATE (Stock)  32.03 SUPPLIES TO STATE (Stock)  32.03 SUPPLIES TO STATE (Stock)  32.03 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STATE (Stock)  32.04 SUPPLIES TO STAT	TED	(Specify only highest gi	rade completed)	(Give kind of	work done during i	FION most of working	16b. KIND OF BU	ISINESS/INDU	STRY	
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199. MAILING ADDRESS (Stews and Number or Pural Rouse Number, City or Rown, Stean, Zp Cools)  MRS BEATRICE YOFFE 320.1 OLD POST DRIVE, APT. 2 BALTTMORE, MD 2120 210. ENGANGED FOR STORM STATE CAUSE (Increase) 220. MENDO OF DISPOSITION 1 Bursts 2 0 0 created on \$ 0 ther (Specially) 21. Signature of Function \$ 0 ther (Specially) 21. Signature of Function \$ 0 ther (Specially) 21. Signature of Function State 22. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval 8 interval 8 increases  22. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval 8 increases  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval 8 increases  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval 8 increases  24. PART II. Other significant conditions, and consequence of:  25. PART II. Other significant conditions, and consequence of:  26. WAS CASE REFERRED TO MEDICAL  27. WAS CASE REFERRED TO MEDICAL  28. WAS CASE REFERRED TO MEDICAL  29. PART II. Other significant conditions on introduction of the council of th				VODDO				Surname)	DDTL	
NOTE: SEASTRICE VOPPE  230. PLACE AND DATE OF DISPOSITION/Name of control Burlet 2   Comestion 3   Removel from State 4   Denote in 5   Other (Secord)    250. PLACE AND DATE OF DISPOSITION/Name of control Burlet 2   Comestion 5   Other (Secord)    250. PLACE AND DATE OF DISPOSITION/Name of control Burlet 2   Comestion 5   Other (Secord)    250. PLACE AND DATE OF DISPOSITION/Name of control Burlet 2   Comestion 5   Other (Secord)    250. PLACE AND STATE CAUSE OF FRACILITY SOL LEVYINSON & BROS., INC.  6010 REISTERSTOWN RD BALTIMORE, MD 2121  251. PLACE OF FRACILITY SOL LEVYINSON & BROS., INC.  6010 REISTERSTOWN RD BALTIMORE, MD 2121  252. MARK AND ADDRESS OF FRACILITY SOL LEVYINSON & BROS., INC.  6010 REISTERSTOWN RD BALTIMORE, MD 2121  253. PLACE OF FRACILITY SOL LEVYINSON & BROS., INC.  6010 REISTERSTOWN RD BALTIMORE, MD 2121  254. MARK AND ADDRESS OF FRACILITY SOL LEVYINSON & BROS., INC.  6010 REISTERSTOWN RD BALTIMORE, MD 2121  255. PLACE OF FRACILITY SOL LEVYINSON & BROS., INC.  6010 REISTERSTOWN RD BALTIMORE, MD 2121  266. DATE Of OR AS A CONSCIUENCE OF:  1	0				ADDRESS (Stree			vn, State, Zip C		L
BETH TFILCH   Selection   Se	۲			320	Ol OLD I	POST DRIV	E, APT. 2 B	ALTIMO	DRE, MD	2120
21. SIGNATURE OF FUNERAL SERVICE LICENSE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTIMORE, MD 2121  23. PART I. Enter the diseaseas, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or respiratory arrest, interval B Onset and disease or condition.  MMEDIATE CAUSE (Finel disease or condition) resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CO		20a, METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 R  4 Denation 5 Other (Specify)	lemoval from State	20b. PLACE AND DATE cometery, crematory or o	OF DISPOSITION ( Other place)	Name of				ete
Approximation and the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, inharded and shock, of heart foliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF)				DEATH	22. NAME		CILITY		CLI/FID	7.5
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, abolt, obj heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O		· Jack	19 0	Douris					ORE. MD	2121
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FAMILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO  28c. CERTIFIER (Check only one)  28c. LICCATION (Street and Number or Rural Route Number, City or Town, State)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. LICCATION (Street and Number or Rural Route Number, City or Town, State)  28c. CERTIFIER (Check only one)  28c. LICCATION (Street and Number or Rural Route Number, City or Town, State)  28c. CERTIFIER (Check only one)  28c. LICCATION (Street and Number or Rural Route Number, City or Town, State)  28c. LICCATION (Street and Number or Rural Route Number, City or Town, State)  28c. CERTIFIER (Check only one)  28c. LICCATION (Street and Number or Rural Route Number, City or Town, State)  28c. LICCATION (Street and Number or Rural Route Number, City or Town, State)  28c. LICCATION (Street and Number, City or Town, State)  28c. LICCATION (Street and Number, City or Town, State)  28c. LICCATION (Street and Number, City or Town, State)  28c. LICCATION (Street and Number, City or Town, State)  28c. LICCATION	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Double to long control of the con	AS A CONSEQUENCE O	and Di	Decre	Arota 1	Dista	to her	Re
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    YES 2   NO	AL	PART II. Other significent condition	tions contributing to daet	th but not resulting	In the underly	ing couse given in	PERFO	RMED?	AVAIL COMP	ABLE PRIOR PLETION OF ( EATH?
Accident Investigation    Accident Investigation   Street and Number or Rural Route Number, City or Town, State)	IAN: N				26.	PLACE OF OEATH (C	heck only one)			725 2 [ ]
Certifier   Check only one   Certifier   Ch	TED BY	1 TYES 2 NO	1 Inpatient 2 ER/			me 5 🗆 Residence	8 Other (Specify)			
3 Suicide 4 Homicide 5 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, fectory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear)		1 Natural 5 Pending	(Month, Day, Ye	RY 28b. TIM	JURY V	VORK?	28d. DEŞCRIBE HOW	INJURY OCCU	IREO	3%
29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)		o Could not	building, etc. (	URY — At home, farm, Specify)	atreet, factory, of	fice	281. LOCATION (Street City or Town, State	and Number o	r Rural Route N	lumber,
29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)		(Check only								menner sa s
	BE	Josep S	Chon l	~D.		29c. LICENSE NU	MBER	29d. DATE	· 2 - S	h, Day, Year)
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE						

Pages 1, 2, 3 should

permit.

use as the burial-transit

marked,

28 Is

BE

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) JAN 0 5 1994

Dr. Raymundo Magno

MINO

) more

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIRECTOR: After the hours after death

THE WERAL DIRECT
WITH 72 hours at
APORTANT: If Itom 2

SPITAL

hospi	ached		69.
the	det		5
2	2		10
PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospi	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	90		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH January 3, 1994 Mary M. ZIEMANN 7:55 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 1 83 YRS. 220-24-7963 Sept.29,1910 OHIO 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore Franklin Square Hospital Rossville 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Essex 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 310 Riverside Road 21221 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2-NO Specify. Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Salesperson 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Peter Morrell Marie A. Rossi BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 310 Riverside Road Baltimore MD. 21221 Frederick Ziemann 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State BelAirMemorialCemetery1/7/94 BelAir Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex bull 300 Mace Ave Baltimore Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximats** intervai Between IMMEDIATE CAUSE (Finel **Onset and Desth** disesse or condition Carcinomatosis, primary squamous cancer of lungs resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidence 6 □ Other (Specify) 1 TES 2 NO etlant 2 - ER/Outpetlent 3 - DOA 27. MANNER OF GEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

009350

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

7811 Wise Ave. Baltimore, Maryland 21222

29d. DATE SIGNED (Month, Day, Year)

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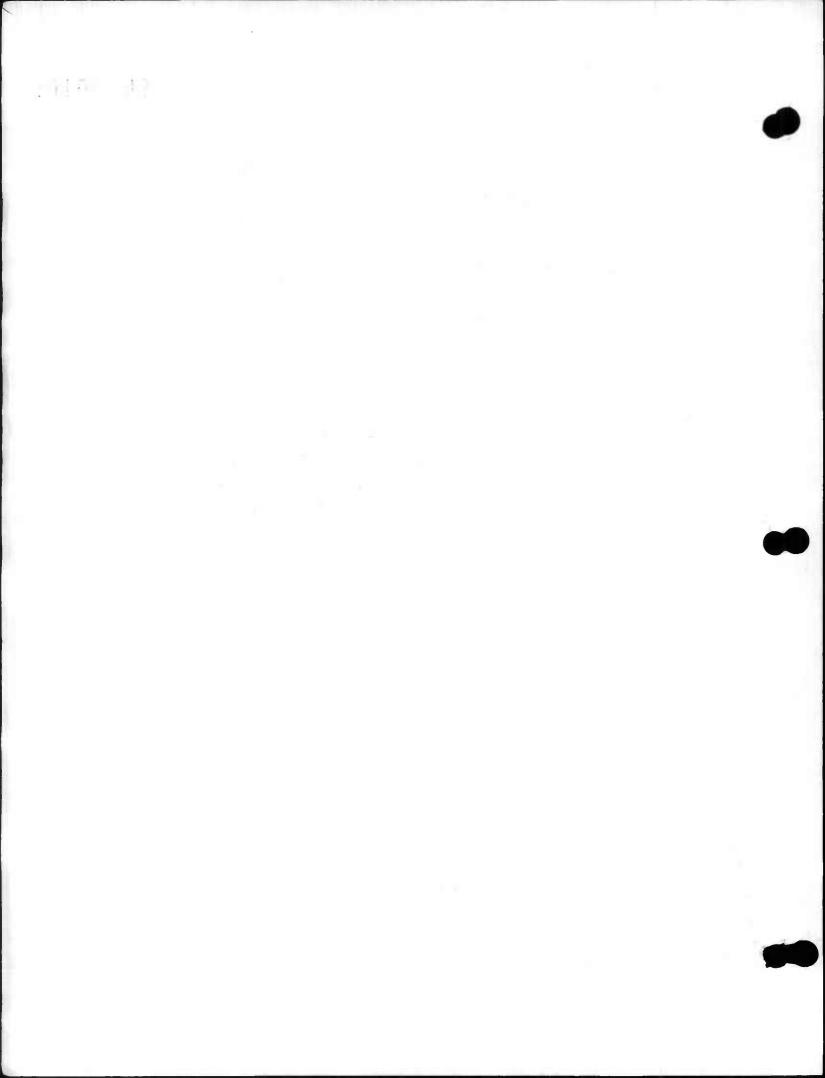
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94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00108

DOROTHY M. ZIMMERER  4. SOCIAL SECURITY NUMBER  1. SEX  216 - 4 - 2533  1	0108
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MERCY MEDICAL CENTER  BALTO.  106. STREET AND NUMBER  8 30 WEST 40TH ST.  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCEST   VES 2 WO   1. WAS DECEMBENT (Specify Ves or No - 1. R. RACE - 1. W. M. Specify Cubin, Marican, Puerfo Rican, etc.)  13. WAS DECEMBENT EDUCATION (Specify Ord) Righted profess completed)  14. DECEMBENT EDUCATION (Specify Ord) Righted profess completed)  15. DECEMBENT EDUCATION (Specify Ord) Righted profess completed)  16. Elementary/Secondary (10-12) Codings (1-4 or 5+) HOUSEWIFE  17. FATHER'S NAME (First, Middles, Last)  18. INFORMANT'S NAME (First, Middles, Mariden Surmanne)  MUNROE  18. INFORMANT'S NAME (First, Middles, Mariden Surmanne)  18. INFORMANT'S NAME (Firs	CE (State or Foreign
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MRS. VERNON G. CRUDGE  129 EAST 69TH ST. N.Y., N.Y. 1002  20s. METHOD OF DISPOSITION   Burlei 2   Gremation 3   Removal from Stata   CREMATORY   1/5   BALTO., MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY   HENRY W. JENKINS & SONS CO   4905 YORK RD. BALTO., MD. 2  23. PART I. Enter the diseases, pr complications that coused the deeth. DD not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each lina.    IMMEDIATE CAUSE (Final disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):    Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	
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2 MEDICAL EXAMINATION the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and 29th tighted and true of perturbed 29th DATE SIGNED (No. ) 38. HAMP AND ADDRESS OF PERSON HIND GOVERNMENT CAUSE OF PERSON HIND GOV	
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State OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
- 15	1. DECEDENT'S NAME (First, Middle, Lost) Edna	a Mae Boyd		2. DATE OF DEATH DAY	QUEAR 3. TIME OF PEATN PM				
	169-34-9574 ¹□м²XJF	62 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHE DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 5 18 31	8. BIRTHPLACE (State or Foreign Country) S. Carolina				
TOR	9a. FACILITY NAME (If not institution, give street and number)  Church Home Hospital  Baltimore  RESIDENCE OF DECEDENT								
DIRECTOR	Maryland		OWN OR LOCATION		10d. INSIDE CITY LIMITS? XIX YES 2 \( \square\) NO				
	10e. STREET AND NUMBER	Bal	timore 101. ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?				
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COMF	17. FATHER'S NAME (First, Middle, Last)	Housewi		AME (First, Middle, Maiden Surname	n)				
BE	James Rivers			Hanibal					
٥	19e. INFORMANT'S NAME (Type/Print) Viola Boyd		Wolfe Street		z <sub>b</sub> coo <sub>b</sub> ) 21231 re, Maryland				
	20e. METHOD OF DISPOSITION 1 □ Suriel 2 □ Cremetton 3 □ Removal from State 4 □ Donation 6 □ Other (Specify)	20b. PLACE AND DATE OF D cometery, crematory or other Western S		18/94	- City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	170	Ol McCulloh St Ltimore, Md2121				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF):	WE CONC	EN	Interval Between Onset and Death				
CERTIF	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other algorificant conditions contributing to de  CULUMMY ANDRY  MANGE CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL	DISEASE	A ISPPUSION						
$\frac{3}{2}$	EXAMINER? HOSPITAL:		28. PLACE OF DEATH (C						
BY PHYSICIAN:	27. MANHER OF DEATN  1 Netural 5 Pending  28a. DATE OF IHJ (Month, Day,	IURY 26b. TIME O	Hursing Home 6 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	DCCURED				
	- Decident	JURY — At home, term, stree (Specify)	Y — At home, term, street, factory, office 28t, LOCATION (Street and Number or Rural Route Number						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAH: To the best of my one) 2 MEDICAL EXAMINER: On the basis of axam								
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	1 M.D	D38	887 ≥ 29d, D	DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF KHALID K. ALTALIB.  31. DATE FILED (Morith, Day, Year)  32. RECISTRAR'S	Church H	one Hospita	1 Baltim	am and				
	C 100A Fair train								

1 - FOR STATE REGISTRAR

ROYAL

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Jeremy 31. DATE FILED (Month, Der Year)

FULTON

5. SEX

			72	YRS.			04-0	4-21	V	A
1 0	98. FACILITY NAME (If not institution, give THE JOHNS HOP)				BALTIN	OR LOCATION OF DE		9c. COUN	TY OF DEA	TN
OT:	RESIDENCE OF DECEDENT	KINS HOSPITA	\L	1	PALIII	ORE CIT	1			
DIRECTOR	MD 106. STATE 106. COUN	ту		BAL	TIMOR			Hills		Od. INSIDE CITY LIMITS? YES 2   NO
AL	10e. STREET AND NUMBER			T. HT.	101	. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	939 MCALEER CC					2120			S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR OF	ES 2 NO	MED D	If yes, sp	ENDENT OF HISPANI ecify Cuban, Mexican 2 NO Specify:	Puerto Ricer		14. RACE - Black, Specify: BLA	- American Indian, White, etc. C.K
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Seconds (0-12)		(Giv	EDENT'S USUA to kind of work of Do NOT use retin UNEM	one during mo	st of working	16b. KIN	D OF BUSINESS/IND		
BE CON	17. FATNER'S NAME (First, Middle, Lest) GEORGE	BROWN				16. MOTHER'S NAM BERTHA		white WHITE		
10	19a. INFORMANT'S NAME (Type/Print)							City or Town, State, Zip		
-	HAZEL BARTEE/F							RE, MD		
	20a. METHOD OF DISPOSITION  Surface 2 Cremation 3 Re  1 Donation 6 Other (Specify)	movel from State	cemetery crem	ND DATE OF DIS	tcel		OATE	20c. LOCATION — C		•
	21. SIGNATURE OF FUNERAL SERVICE I		MT. Z	ION C		O ADDRESS OF FAC	1/8	LANDSD	OWNE	· MD ·
	▶ BETTS FUNERAL HOME 1129 N. CAROLINE ST									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Widely M. DUE TO (OR A. OUE TO (OR A.	etasta is a consecu	UENCE OF):	pastri:	c Carcin	oma			I year
- F										
MEDICAL	PART II. Other aignificant condition chronic obstruction				underlyin	g cause given in F		NAS AN AUTOPSY PERFORMEO?	6	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL			any d	isease	26. PI	g cause given in F	1 [	PERFORMEO?  YES 2 NO	6	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
PHYSICIAN: MEDICAL	chronic obstructions of the control	HOSPIAL:  1 Dinpetent 2 ERV  280. DATE OF INJUI (Month, Day, Yea	Outpetlent 3	isease	28. PI HER: Nursing Norr 28c, INJ WC	ACE OF DEATH (Chee	ok only one)	PERFORMEO?  YES 2 NO	1	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Westural 5 Pending	HOSPIAL:  1 Pringetient 2 EPVC  28e. DATE OF INJU (Month, Day, Yee	Outpetlent 3 (	DOA OTI	28. PI	ACE OF DEATH (Chec	1 { Ck only one) Ch only one) Ch other (Sp. 28d. DESCRII	PERFORMEO?  YES 2 NHO  weelty)	ured	MAILABLE PRIOR TO COMPLETION OF CAI F DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only) 1 VERTIFYING PNY	HOSPITAL:  1 Fingettert 2 = ERVC  28e. DATE OF INJUI (Month, Dey, Yee  26e. PLACE OF INJUI	Dutpstient 3 (RY - At honomowledge, dee	DOA OTI DOA 4 28b. TIME OF INJURY ne, farm, street,	26. PI	ACE OF DEATH (Chee  5	1 { Ck only one) Charles (Sp. 284. LOCATIO City or To	PERFORMEO?  YES 2 NO  ecity)  BE NOW INJURY OCC  N (Street and Number wn, Stele)	URED or Rural Roads	□ YES 2 ☑ NO

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY

**BROWN** 

2. DATE OF DEATN

January

4,1994

2:37

8. BIRTNPLACE (State or Foreign

10d. INSIDE CITY 1 YES 2 NO

Country) VA 9c. COUNTY OF DEATN

Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 1/4/93

Johns Hopkins Hospital, Tower 110, Baltimore MD 21287

DHMH-16 Rev 1/89

THE HOISE PARTEN WAS PAYSICIAN: The law requires that the death certificate be executed with

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician.

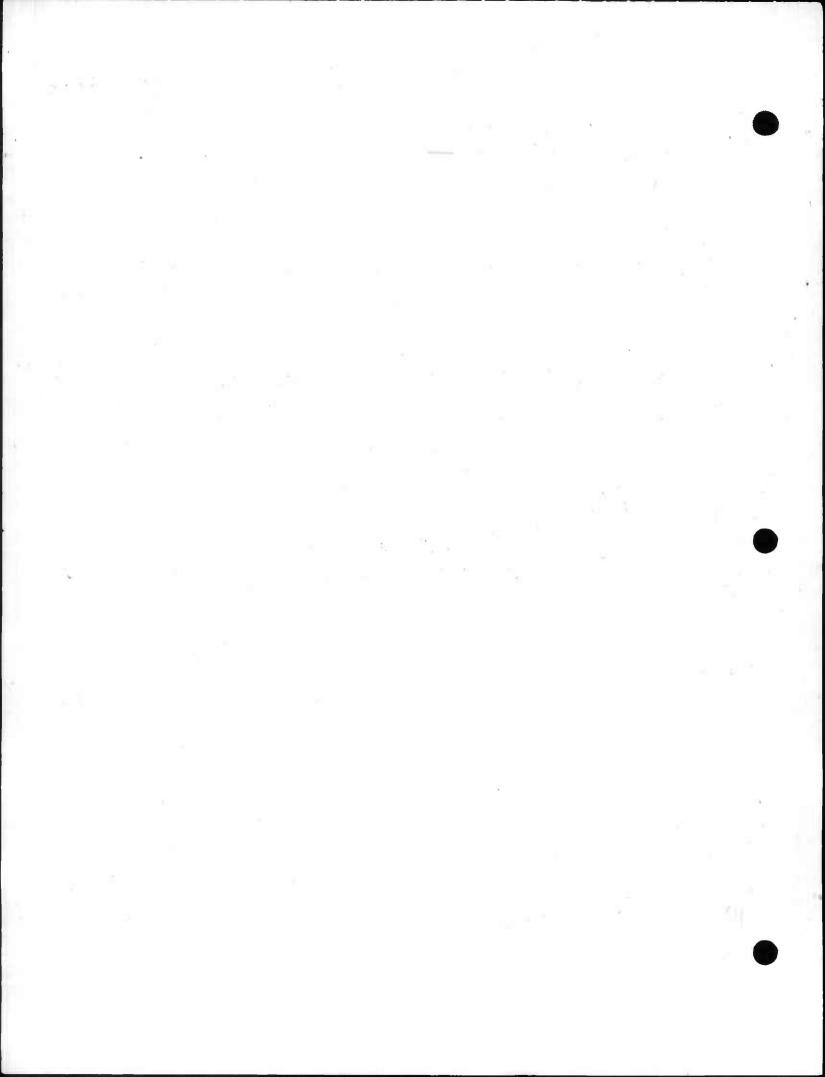
FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF DEATH	F	EG. NO.	00112			
	1. DECEDENT'S NAME (First, Middle, Last		14 1 5 3		2. DATE OF MONTH		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E da t-a black-i		Jan		7 730 71			
	220-18-67J2	1 M 2 AF	(In yrs. lest birthday)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HR HONTHS DAYS HOURS MIN	(Month, De	29, 1943	BIRTHPLACE (State or Foreign Country)			
OR	So. FACILITY NAME (IT nos Institution, give	ed contract and number) Cer	tex	96. CITY, TOWN OR LOCATION OF	ovel (	1/4 Sc. COUNTY	OF DEATH			
IRECTOR	106. STATE 106. COUN	TY	10c. CITY	TOWN OR LOCATION	7	U	10d. INSIDE CITY			
AL DI	10e. STREET AND NUMBER	11 76	1	10f. ZIP CODE	, ,	10g. CITIZE	1 VES 2 NO			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	FIN U.S. ARMED	13. WAS DECENDENT OF HIS	SPANIC ORIGIN? (S	pecify Yes or No.— 14	I. RACE — American Indian,			
B	1 Nevez Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR OR	S 2 7 NO	If yes, specify Cuban, Ma 1 PYES 2 NO Sp	xican, Puerto Rica		Black, White, etc. South: ACC			
LETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)			ISUAL OCCUPATION ork done during most of working retired.)	16b, KIN	ID OF BUSINESS/INDUS	TRY			
COMPL	17. FATHER'S NAME (First, Middle) Last)	11	rion	18. MOTHER'S	NAME (First, Midd	le, Maiden/Surname)				
BE C	UN	Known		1/1	lie	Jone	5			
5	190. INFORMANT'S NAME (Type/Print)	Lee	196. MAILING.	NODRESS (Street and Number of Ru	HUC L	City or Town, State, Zip/Co	21216			
	20e. METHOD OF DISPOSITION  1  Buriel 2  Cremetion 3  Re 4  Donation 6  Other (Specify)	moval from State	crementory or other		PATE /6	20c. LOCATION — CH	or Town, State and			
	21. SIGNATURE OF FUNERAL SERVICE	L. Rus	2	27. NAME AND ADDRESS OF	PACILITY'S P	UNERA!	Home			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximate interval Returnan									
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Septi	c/Car	diogenic :	Shock		interval Between Onset and Death 2 WKS			
NO	Due to (or as a consequence of):  Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):									
CAT	ra any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	d	A CONSCOURNE OF							
	PART II. Other algnificant condition	ons contributing to deeth	but not resulting in	the underlying cause given	In Part i. 24	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL	Acute Rei		12		11	YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)					
YSIC	EXAMINER?	HOSPITAL: 1 In Inpetient 2 I ER/O		OTHER: 4  Nursing Home 5  Residen	nce 6 🗆 Other (S)	pecify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, You	Y 28b. TIME	OF 28c, INJURY AT WORK? M 1 YES 2 NO		BE HOW INJURY OCCUP	RED			
	3 Suicide 6 Could not b	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, st pecify)	reet, factory, office	281. LOCATIO City or To	ON (Street and Number or own, State)	Rural Route Number,			
COMPLETED	onel			of at the time, data and place, and i, in my opinion, death occured at						
BE CC	296. SIGNATURE AND TITLE OF CERTIF		D	29c. LICENSE	NUMBER	29d. DATE S	IGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON V		DEATH (ITEM 27) (Type,			Haialt	71 -			
	31. DATE FILED (Month, Day, Year)	JICKS III		AOUU L	veriy	HEIGHT	>			
	JAN 0 6 199	1 Julia Savi	don-Rando pe	6.55						

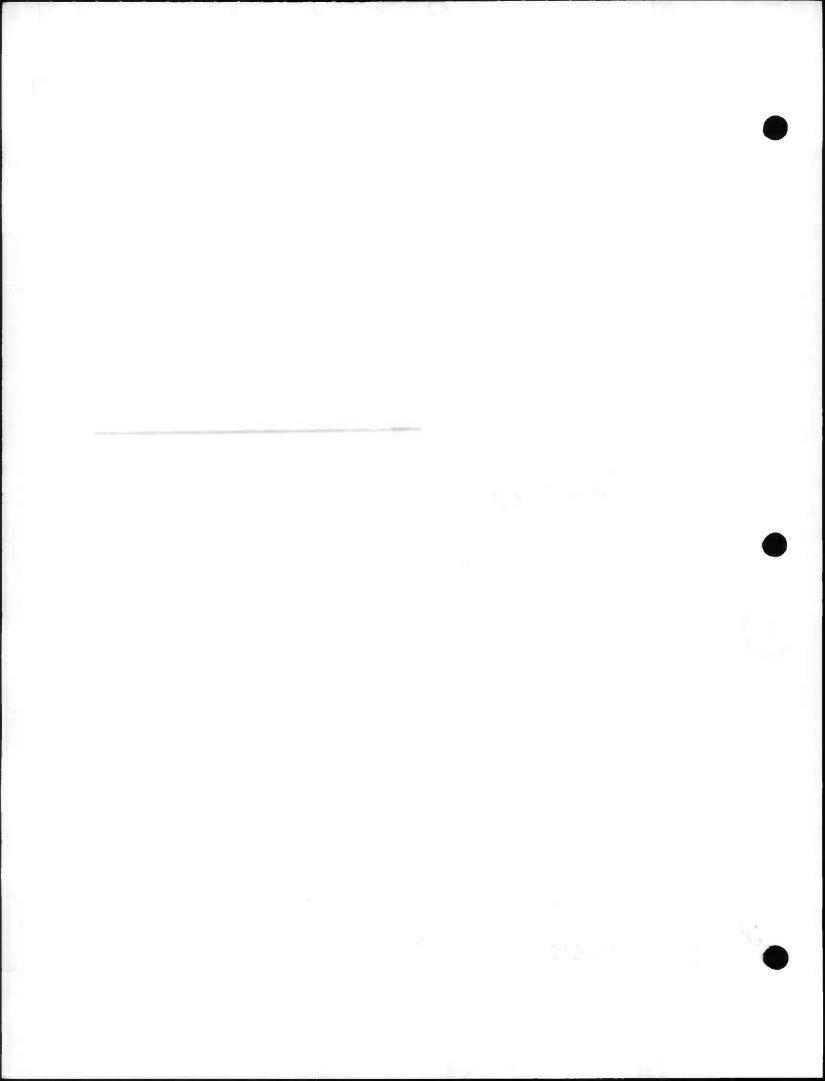
4	ay.	Da	9
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pare find within 72 hours after death with the State Deat of Health and Merial Harriene noint in hurtal cremation, or seminal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
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בייייייי פיייייי פייייייייייייייייייייי	A HC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has find within 72 hours after healt with the State Deor of Health and Mental Hyrians note to hard	E
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL HYGIEN REG. NO.		00113	
	1. DECEDENT'S NAME (First, Middle, Lest) DALLAS	CHRISTIAN			·	2. DATE OF DEATH MONTH DZ	94 YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 21.8- 07/- 4096	5. SEX 6. AGE (In 84=8	yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year)	8. 1	BIRTNPLACE (State or Foreign Country) VIRGINIA	
OR	98. FACILITY NAME (If not institution, give street and number)  2511 E. CHASE STREET  96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE  97. COUNTY OF DEATH 1/a								
DIRECTOR	1	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d						10d. INSIDE CITY V LIMITS?	
	MARYLAND  100. STREET AND NUMBER	I I I VONE		10g. CITIZEN	1 YES 2 NO				
FUNERAL	2511 E. CHASE STR				21213			STATES	
B	11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Se					in, Puerto Rican, atc.)		RACE American Indian, Black, White, atc. SpecifyBLACK	
APLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondery (0-12)  TH  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)					SINESS/INDUST	RY	
ed at once. BE COMPL	17. FATNER'S NAME (First, Middle, Last) ROBERT CHRISTIAN				18. MOTNER'S NA BELLE	ME (First, Middle, Maiden CHAMBERS	Sumame)		
TO E	196. INFORMANT'S NAME (Type/Print) ROSA CHRISTIAN		19b. MAILING 2511 E	ADDRESS (Stree	STREET, BAL	TIMORE, MARYL	AND 2.	1213	
must b	20e. METNOD OF DISPOSITION  1 X viriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State 20b. P	RBUTUS ME	MORTAL P	Name of ARK	OATE 200 LO	OTUS, MA	RYAND State	
examiner	21. SECONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH 1101 E. NORTH AVENUE								
Injury, or other traumatic event, the medical examiner must be notified at once.  AL CERTIFICATION  TO BE COM	23. PART I. Enter the disease, or a shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	disease or condition resulting in desth)  a. OBBULL Acute M/  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):							
shows any : MEDIC.	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given i								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)			
PHY	27. MANNER OF DEATN  1 Natural 5 Pending	1 ☐ Inpetient 2 ☐ ER/Outpet  28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	Masidence NJURY AT VORK?  YES 2 NO	8 Other (Specify)  28d. DESCRIBE NOW II	NJURY OCCURE	ED	
∞ □	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	26e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, s			20t. LOCATION (Street a City or Town, State)	ind Number or R	tural Route Number,	
IMPORTANT: it item 28 O BE COMPLETE	and and	CIAN: To the best of my knowled						suse(e) end manner as stated.	
MPORTAL	296. SIGNATURE AND TITLE OF CERTIFIER	24			29c. LICENSE NUM			GNEO (Month, Day, Year)	
₹ 2	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETEO CAUSE OF OEAT	N (ITEM 27) (Type,	Print) = . 1		BALT an			
	31. DATE FILED (Monthy Day: Year)  JAN 6 1994	32 Hadis HAR'S SIGNAT							



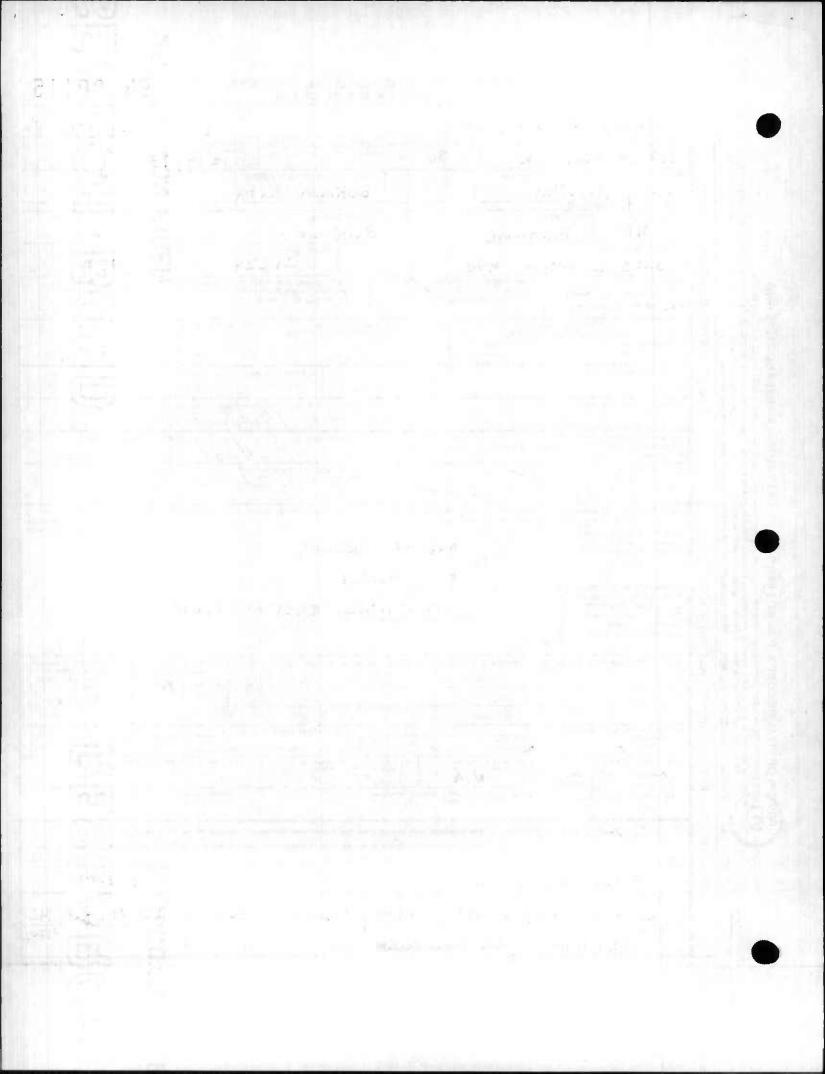
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DIVISION OF VITAL RECORDS,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear	THE FILMERAL DIDECTOR. After this confidence has been signed by the per
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		1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEP/ CERTI	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGIE REG. N		94 00114
	1	1. DECEDENT'S NAME (First, Middle, Last)	Udlidan Ca				2. DATE OF OEATH	DAY	3. TIME OF DEATH
	-		William Co				Jan. 2,	1994	12:00 P M
	- 22	4. SOCIAL SECURITY NUMBER 215–18–5689	5. SEX 6. A	GE (In yrs. last birthda 72 YRS	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
pinou	OR	9a. FACILITY NAME (If not institution, give st		7		N OR LOCATION OF I	Nov. 30,	1921	MARYLAND Y OF DEATH
98		4010 Compass	Run Lane		10000	mpstead			IMORE
- S	ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. (	EITY, TOWN OR LO	CATION			
. Pag	DIRECTOR	MARYLAND BALT	TIMORE		AMPSTEAL				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
permi	IAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
ian. transit	FUNERAL	4010 Compass Ru				210			USA
LAND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 should once.		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR OF	ER IN U.S. ARMED	If yea,	specify, Cuban, Mexic	ANIC ORIGIN? (Specify ) can, Puerto Rican, atc.)	fea or No— 14	4. RACE — American Indian, Black, Whita, atc.
21215-0020 al or attending physic for use as the burial	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	H DAIES	י ו	ES 2 NO Spec	ify:		Specify: WHITE
T after use a		15. DECEOENT'S EDUC (Specify only highest grade of		(Give kind o	'S USUAL OCCUPA of work done during use retired.)	TION most of working	16b. KIND OF B	USINESS/INDUS	
D 2 spital of	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			Contracto	or Build	ing & (	Construction
AN the hos detach	NO	17. FATHER'S NAME (First, Middle, Last)				7	AME (First, Middle, Maide		CONSTIUCTION
> 0 to	BE (	Edward Gre	gory Cox				Gutberlet		
MARYLAND 21215-0  s retained by the hospital or attending 5 should be detached for use as the notified at once.	2	196. INFORMANT'S NAME (Type/Print)  James William (	lov In	19b. MAILI			t Ave. Baltı		
ay be		20s. METHOD OF DISPOSITION	1	20b. PLACE AND DAT			Baltimo		y or Town, Stata
BALTIMORE, er death. Page 6 may be the funeral director, page val.		1 Burial 2 Coremation 3 Remo	val from State	Metro	Cremator	y, Inc.	. 4		lle, MD
h. Pag eral di		21. SIGNATURE OF PUREDAL SERVICE LIC	MSEE .		22. NAME	ANO ADDRESS OF F			
		Martin D.	Lawson		I Iom	mon-Mitch W. Padoni	nell-Wiede la Rd., Ti	feld, I	Inc. MD 21093
urs af In by r remo		23. PART i. Enter the diseeses, or contained ahock, or heart failure. L	omplications that ceulist only one cause or	eed the deeth. Do n eech line.	not entar the r	node of dying, su	ch as cardiec or rae	piratory arres	Approximate interval Between
ion, file		iMMEDIATE CAUSE (Finel disease or condition	01	0.	0/	1/1/1	1.0.	11	Onset and Deeth
within within pletel crema		reaulting in death)	DUE TO (OR A	S A CONSEQUENCE	OF):	my car	del a	barre	Immedia
68760, ecuted within and complete burial, crem	Z	Sequentially list conditions,	Seva	- PU	Pro	LAD.			į
by 68 be out on and or rior to buri	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSÉQUENCE	OF):				
the present the pr	FI	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):				
or hype	EFI	resulting in death) LAST							
RDS, at the dea by the att and Mental y Injury, o		PART II. Other significent conditions	contributing to deeti	h but not resulting	g in the underly	ing ceuse given in	Part i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
T 2 2 2 2	DICAL							DRMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
RECO requires the been signed to dealth a	MEDI								OF DEATH?
23 per la la la la la la la la la la la la la	AN	25. WAS CASE REFERRED TO MEDICAL							
N: The Ticate State	PHYSICIAN	EXAMINER?	HOSPITAL:	hutantines a 🗆 DOs	OTHER:	PLACE OF DEATH (C			
11 유효화 기	H	27. MANNER OF DEATH	28a. DATE OF INJUR	RY 28b. T		ome 5 ☐ Realdence  NJURY AT  WORK?	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	RED
NG PHYS frer this ceath with	ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yea	(r)		WORK? YES 2 NO			
ATTENDING ATTENDING S after death	9	3 Suicide 6 Could not be determined	28a. PLACE OF INJU- building, atc. (S	JRY — At home, farm Specify)	, street, factory, of	fica	281. LOCATION (Street City or Town, State	t and Number or	Rural Route Number,
DIVISION OR ATTENDING F DIRECTOR: After hours after death	<b>5</b>								
조 그 2 도	COMPL	(Check only							cause(a) and manner as stated.
THE HOSPITAL THE FUNERAL filed within 72 P		29b. SIGNATURE AND TIME OF CERTIFIER	// /	- Indiana intestiga	troit, in my opinion	29c. LICENSE NU		·	
TO THE HOSPIT TO THE FUNERA be filed within 7	BE	She 1	W	)		D40		DATE S	IGNEO (Month, Dey, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO							
25		Dale Buchbinder,		6565 No	rth Char	les Stre	et, Baltim	ore, Ma	aryland 21204
		31. DATE FILED (Morith, Day, Year) JAN 0 61994	32. HEASTHAR'S SI	MATURE PARK	AL.				



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	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICAT		REG. NO		3. TIME OF I			
	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND	DEAVERS			MONTH / -		3:0			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0,	BIRTHPLACE (State Country)			
	718 18 8216	18(M2□F 80			1219	/13 i	N. Virg			
OC.	9a. FACILITY NAME (If not institution, give			Y, TOWN OR LOCATION OF E		9c. COUNTY	OF DEATH			
CTOR	Mera Hospita	21	00	Utimore G	ity					
ш	10a. STATE 10b. COUNT		10c. CITY, TOWN			100	10d. INSIDE			
L DIR	MD Ba	Itimore	Da	I himone			1 YES			
ERAL	3213 Levert	on Ave.		10g. CITIZEN	USA					
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ABMED 13	2 \ 2	NIC ORIGIN? (Specify Ye	e or No- 14.	RACE — American			
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cubah, Mexic 1 YES 2 NO Speci			Black, White, etc. Specify:			
ED E	15. DECEDENT'S EDU		DECEDENT'S USUAL (	OCCUPATION	16b. KIND OF BU	SINESS/INDUS	TRY			
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.	during most of working	P	11				
m W	12 th		Sold	eren	Di	th.	Stu			
	17. FATHER'S NAME (First, Middle, Last)	7		16. MOTHER'S N.	AME (First, Middle, Maider	Surname)				
	19a. INFORMANT'S NAME (Type/Print)		PEAULU							
		ZZOLA	34//	S (Street and Number or Rura)	EAS AND	In, State, Zip Col	00) BA/17			
	20a. METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF DISPO	SITION (Name of	DATE 20c, LO	CATION — City	or Town, State			
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	out of the same	crematory or other place	FAITH Cus	1/4/24 BA	HO. M	reylone			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	f 22	NAME AND ADDRESS OF F	ANNINO	Te	EH.			
	Y rale	Ku			K/1N4 57	/ _	14 K1			
	23. PART I. Enter the diseased, or complications that caused the desth. Do not enter the mode of dying, such as Cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line.  Approximation									
	IMMEDIATE CAUSE (Final									
	caulting in depith CARDIAC ARREST									
,	PWED MON(A									
0	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
Ě		55E 10 (011 A5 A 0011	Cause. Enter UNDERLYING							
ICATI	If any, leading to immediate	INT		L OBST	RUCTION	V				
TIFICATI	If any, leading to immediata cause. Enter UNDERLYING			L OBST	RUCTION	J				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):			J				
AL CE	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	ISEQUENCE OF):			IAUTOPSY	AVAILABLE P			
AL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):		Part I. 24a. WAS AI	I AUTOPSY RMED?	AVAILABLE P COMPLETION OF DEATH?			
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):		Part I. 24s. WAS AF	I AUTOPSY RMED?	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2			
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CON	ISEQUENCE OF):		Part I. 24a. WAS AI PERFO	I AUTOPSY RMED?	AVAILABLE P COMPLETION OF DEATH?			
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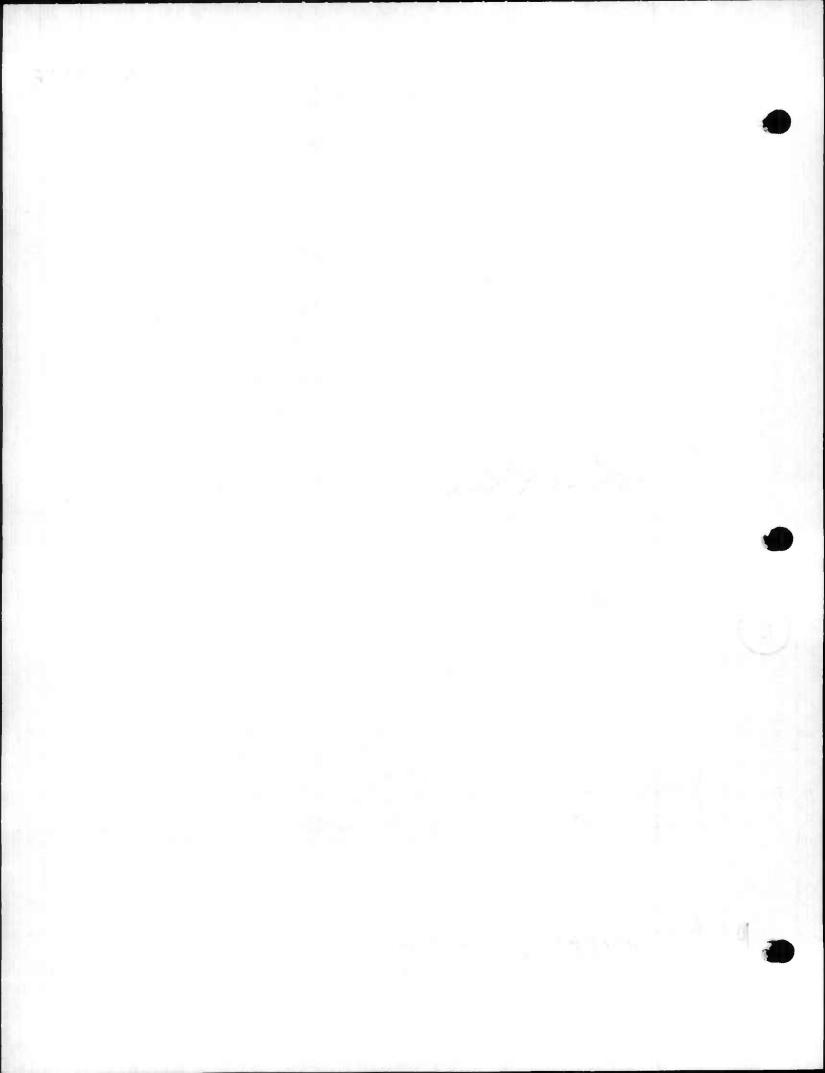


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DIVISION OF VITAL RECORDS, CO. BO	PHY	FUNERAL DIRECTOR: After this certificate has been signed by the affecting physic
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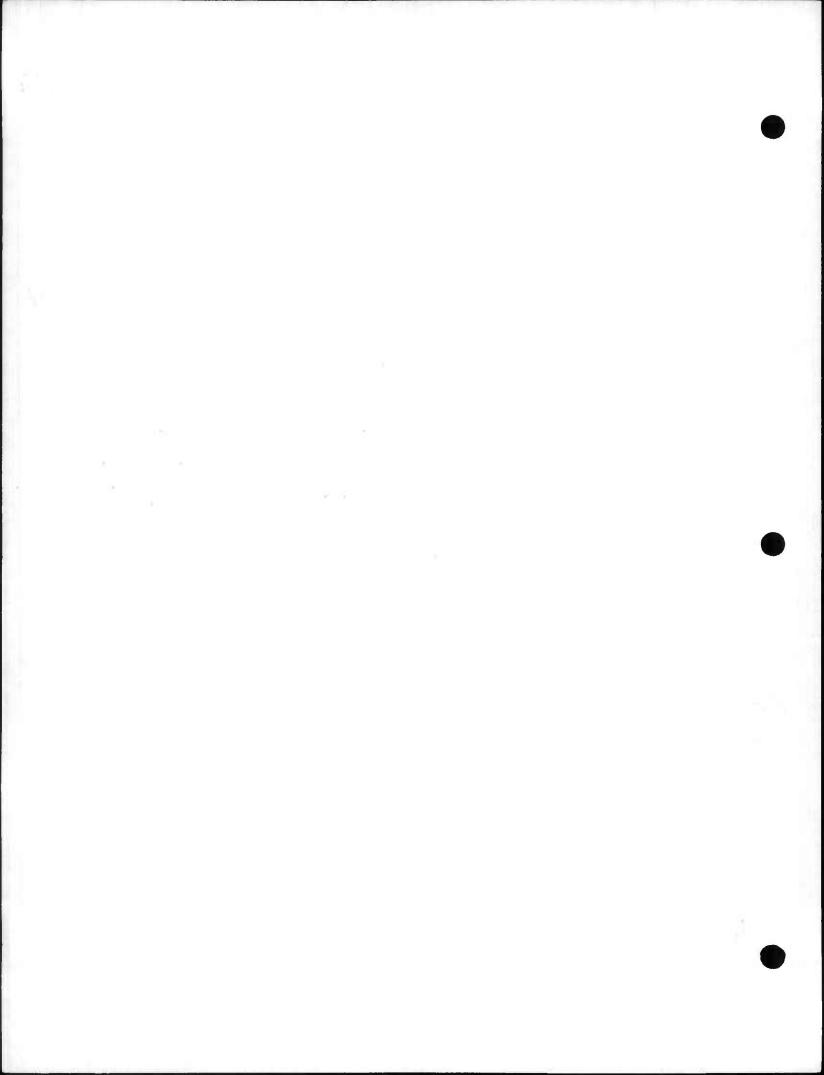
	John Dew		MONTH					MONTH	NTH DAY YEAR			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	нятн	1	8. BIRTH	IPLACE (State or Foreign
	214-20-1218	1 📉 M 2 🗌 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	18,	1926	MA	RYLAND
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	r, TOWN C	R LOCATIO	ON OF DE				NTY OF D	
Ö	Greater Baltimo	ore Medi	cal Cent	nter Towson BALTIMO						MORE			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			10c CIT	Y, TOWN	0010047	1041						
E .	MARYLAND BALTIN	MODE		100.011									tod. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	TORL		MONKTON  100, ZIP CODE  100, CITZ					ZEN OF W	1 YES 2 NO			
ER	16350 Matthews I	Road					211				tog. Carr	USA	
FUNERAL	1t. MARITAL STATUS	t2. WAS DECEDEN	T EVER IN U.S. ARE	S. ARMED 13 WAS DECEMBENT OF HISPANIC OPI					C ORIGIN? (Specify Yee or No.— 14. RACE — Am			- American Indian,	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 MAR OR DATES	It yee, specify Cuben, Mexicen, Puerto Ricen, atc.)						Black Specif	, White, etc.		
	**											1	WHITE
E	(Specify only highest grade	(Giv	n kind of	USUAL O work done se retired.)	during mos	N st of workin	g	16b. KIN	D OF BUS	INESS/IND	USTRY		
PLE	Elementery/Secondary (0-12)	+)		y (L	andl				Lan	d Do	ai an	(Topograph)	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	4+		urve	y (11	anu)	18. MOTH	IFR'S NAM	IE (First, Middle			sign	(Topograph)
	Edgar H.	. Dew							etta E			1er	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a)			oute Number, C				
2	Nancy Lee Dew								Monkto			1111	
	20e. METHOD OF DISPOSITION  1 Description   1 Description   2 Description   3	vet trom State	20b. PLACE AL	ND DATE	OF DISPOS	ITION /Ne	Tie of		DATE		ATION —	City or Tov	wn, State
	4 Donetion 5 Other (Specify)	-0	cemetery, crem Imma:	nue I	Epi	scop	al C	hurcl	hJAN	G1	enco	e, M	D
	21. SIGNATURE OF SUMERAL SERVICE LICE	X X	m m -	22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc.									
	Howell M.	Lemmon	Cora i						Rd.,		-		21093
PHYSICIAN: MEDICAL CERTIFICATION	reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST  PART II. Other aignificent conditions  ASCULO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST  PART II. Other algnificent conditions contributing to deeth but the conditions conditions contributing to deeth but the conditions contributing the conditions contributing to deeth but the conditions contribut						Iven in P	art i. 24a.	WAS AN A PERFORM	UITOPSY MED?	24b.	Onset and Death  3 May 5  Glass S  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t YES 2 100
	t Matural 5 Pending	28e. DATE OF (Month, D	ay, Year)	28b. TIMI INJ	URY	28c. INJU WOF	HC?		zod. DESCHIBI	E HOW IN.	JUHY OCC	UKED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detamined	28e. PLACE Of building,	F INJURY — At hom atc. (Specify)	e, ferm, a	freet, fecto			_	281. LOCATION City or Tow	(Street an	d Number o	or Aural Ro	oute Number,
	Ma CERTIFIE												
	(Check only one)  2 MEDICAL EXAMINER	AN: To the best of On the beale of ex	my knowledge, deat	h occurre	d at the ti	me, date e pinion, de	end place, ath occure	end due to	o the cause(e) me, data and p	end menn place, and	er ee state due to the	d. ceuse(e)	end menner as stated.
7	296. SIGNATURE AND TITLE OF CERTIFIER  VIOLE  S	lon	lan-	Mr	)		29c. LICEN	IGI C	ER S		29d. DATE	SIGNED	Month, Opy, Wast)
2	30. NAME AND ADDRESS OF PERSON WHO						~/	// _				10	111
	Dr. Mark Kar	lan, 16	918 York	Roa	d, M	onkt	on, l	MD				,	
	JAN 0 61994	32 DEGISTRA	B'S SIGNATURE	and.								-	



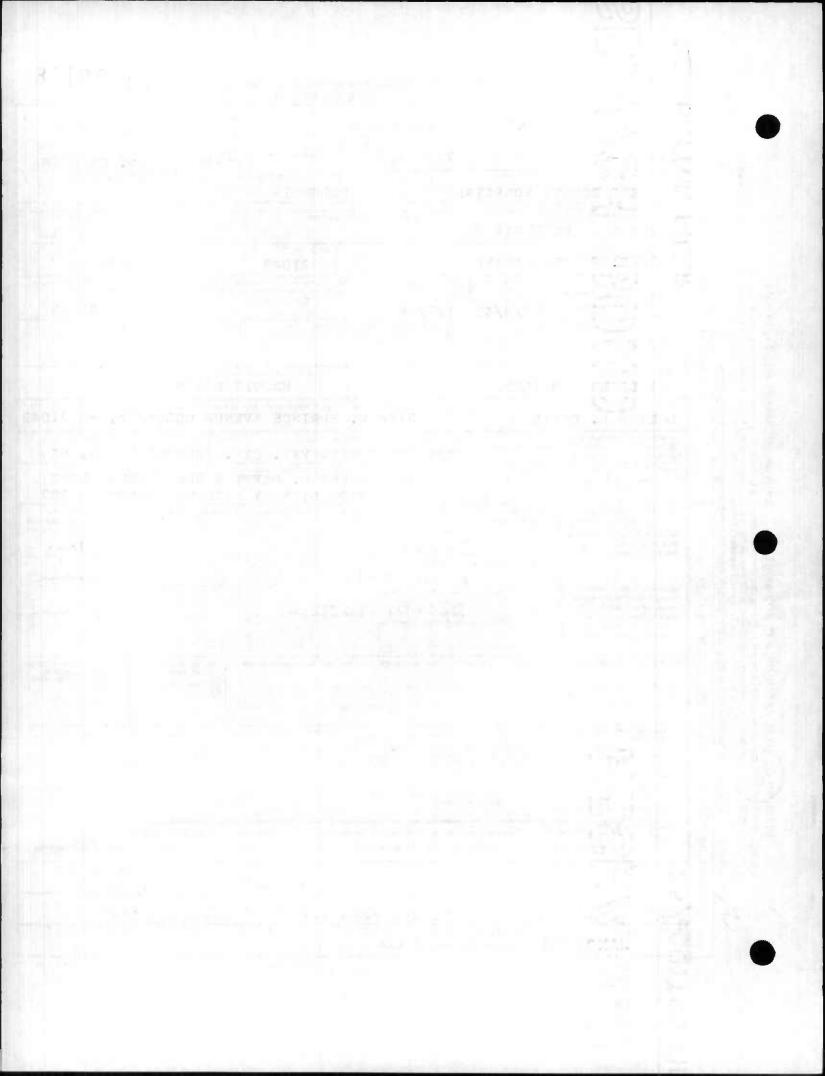
JAN 0 61994

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	NNERAL DIRECTOR: After this certificate the permitted by the amending prescious and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	the shift of the same of the s
RDS, P.O. BOX 68760,	at the death certificate be executed within 24 h	by the aftending physician and completely filled and Mental Hygiene prior to burial, cremation,	The second secon
DIVISION OF VITAL RECOF	SPITAL OR ATTENDING PHYSICIAN THE IN THE PARTY.	NERAL DIRECTOR: After this certificate by the period of this 72 hours after death with the State Decorporation in	1977 H form 90 to manufact on the safety of

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR HOSEPH PAUIS 94 05:00 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 578 16 0153 DAYS HOURS 1 X M 2 | F フフ YRS. 0.5 15 N. Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BON SECONRS HOS DIRECTOR BACTIMORE CIT RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? CITY MD, BALTIMOLE 1 X YES 2 NO 100. STREET AND NUMBER CAMDEN YARDS REHAB, CTR, FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp 7th College (1-4 or 5+) Penn. Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Davis Nettie Graham BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1639 N. Fulton Avenue Balto., MD. 21217 Bertha Anthony 2 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 The 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State Arrat Cemetery 1/8/94 MT. Airy N.C. 4 ☐ Donation 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1721-27 N.Monroe ST Balto.,MD. 21217 Hecto CFSP #281 E.L.Phillips F/H 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betw shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final et and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to de underlying cause giver, in Part I. 24a. WAS AN AUTOPS 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE OF DEATH? (2 I VES 2 DAO 1 YES 2 NO wisertun PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 TES, 2 NO 1 | Inpetient 2 | ER/Outpetle M 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNETS OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation BY 1 YES 2 NO 2 Accident
3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be 8 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated. TO THE HOSPI
TO THE FUNEF
De filed within 296. SIGNATURE AND JETLE OF CENTRUMP 29c. LICENSE NUMBER BE 8 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring Seven non Jesk 25KN AD 7m2/8/e lh M M 21 UTO 4 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) SISTRAR'S SIGNATURE



	1. DECEDENT'S NAME (First, Middle, Last)		lie Da	avis		2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		s. last birthday)		IF UNDER 24 HRS.	7. DATE OF	BIRTH		PLACE (State or Foreign		
	237-03-0480	13⊠ M 2 □ F 70	YRS.	MONTHS DAYS	HOURS MIN.		ay, Year) 1923	N .	CAROLIN		
	aa. FACILITY NAME (If not institution, give HOWARD COUNT)				OR LOCATION OF D	EATH	9c. COU	INTY OF D	EATH		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MARYLAND  COI	LUMBIA	10e. CIT	TY, TOWN OR LOCA	ATION				10d. INSIDE CITY LIMITS? 1  YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 3124 W. SPRINC	SS DRIVE		11	01. ZIP CODE 21043		10g. CIT	IZEN OF W	HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 3/4/43 1/5	□ NO	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify In yes, specify Cuben, Maxican, Puerto Rican, atc.)  1  YES 2 X NO Specify:							
TO BE COMPLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	JCATION 16	. DECEDENT'S	B USUAL OCCUPAT work done during it ise retired.)	ION lost of working	16b. Ki	ND OF BUSINESS/IN	DUSTRY			
	17. FATHER'S NAME (First, Middle, Last) SIRLATHEON BA	AILEY			18. MOTHER'S NAME (First, Middle, Malden Surname) MAGGIE DAVIS						
	19e. INFORMANT'S NAME (Type/Print)  LOWISE B. DAVIS  196. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  3124 W. SPRINGS AVENUE COLUMBIA,										
	22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207  23. PART I. Effer the diseases, or complications that causes the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate										
	23. PART I. Exter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only ons cause on each	11ne.		ode of dying, aud	ch aa cerdiad	or reapiratory ar	rest,	Approximatinterval Bet Onset and I		
CATION	Sequentially list conditiona, if sny, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A CO	NSEQUENCE O	hele	Celio				Chron		
TIFICAT	CAUSE (Diseese or injury that initiated events		PART II. Other significent conditions contributing to death but not resulting in the conditions contributing to death but not resulting in the conditions.					FORMED? AVAILA COMPL OF DE			
: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	not resulting	In the underlyle	ng cause given in		e. WAS AN AUTOPSY PERFORMED?  YES 24-NO	24b.	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dns contributing to death but r		26. F OTHER:	PLACE OF DEATH (C	heck only one)	PERFORMED?  YES 24 NO	24b.	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	dns contributing to death but r	nt 3 🗆 DOA	26. F OTHER: 4   Nursing Ho AE OF 28c. IN JURY W		heck only one)  8  Other (S	PERFORMED?  YES 24 NO		AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
ED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	d	nt 3 DOA	OTHER: 4 Nursing Ho Me OF 28c. IN JURY W 1	PLACE OF DEATH (C) me 5	8 Other (S	PERFORMED?  ☐ YES 2 ☐ NO  Decity)	CURED	AMALABLE PRIOR TO COMPLETION DE CAI OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   Pending Invest	HOSPITAL:    Department 2	28b. Tih IN At home, farm,	26. F OTHER: 4   Nursing Ho ME OF 28c. IN BURY M 1   street, factory, offi	PLACE OF DEATH (CI	8 Other (S 28d, DESCR 28f, LOCATIC City or 1	PERFORMED?  YES 24 NO  Decity)  DE HOW INJURY OCOM, State)	CURED or Rural R	COMPLETION DF CAU OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   Pending Invest	HOSPITAL:  1 Department 2 ER/Outpetlet  28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY — building, etc. (Specify)  BICIAN: To the best of my knowledger: On the bests of examination and	nt 3 DOA 28b. Till 18h At home, ferm,	28. F OTHER: 4   Nursing Ho dE OF JURY M 1   street, factory, offi	PLACE OF DEATH (C) TIME 5   Residence UURY AT ORK? YES 2   NO ce te and place, and duit death occurred at the	a to the cause of time, data an	PERFORMED?  YES 24 NO  Pecify)  IBE HOW INJURY OC  OWN, Street and Number  own, State)  a) and manner as stated place, and due to the	or or Rural Rated.	AMALABLE PRIOR TO COMPLETION DE CAL OF DEATH?  1 YES 2 NO  Note Number,  and manner as stat  (Myorth, Day, Year)		



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			01	EKIIF		- 01	DEAI	11		EG. NO.			
1. DECEDENT'S NAME (First, Mid PEARL									2. DATE OF MONTH	DEATH DAY	1994	3. TIME OF 1	
4. SOCIAL SECURITY NUMBER	5	. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	8. BIRT	HPLACE (State	
214-26-4078	1	□ M 2 √ F	93	YRS.	MONTHS	DAYE	HOURS	MIN.	3-17-	1900	TV A D	(YLAND	
	9a. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEAT			Initialization			
5 342 MARLEY N	ECK DO	DAD			GLEN BURNIE								
342 MARLEY N RESIDENCE OF DECED		) FLD				<b>J</b>							
10a. STATE 10I	b. COUNTY			10c. CIT	CITY, TOWN OR LOCATION							10d. INSIDE	
ā MD.						GLEN	BURI	NIE	12/			1X YES	
106. STREET AND NUMBER		MINO.	100			101	ZIP CODE		10g. CITIZEN OF WHAT COUNTE				
342 MAR	LEY N	ECK ROAD					210	060			USA.		
10e. STREET AND NUMBER  342 MAR  11. MARITAL STATUS		PORCES? 1	EVER IN U.S. AR	MED						pecify Yes or N	Yes or No- 14. RACE - American Indian.		
1 Never Married 2 Mar 3 Wildowed 4 Divorced		IF YES, OIVE WA		10	If yes, specify Cuben, Maxican, Puerto Rican, etc. 1 ☐ YES 2 ☒ NO Specify:					n, etc.,	Spec		
					1				_			LACK	
(Specify only hig	Thest grade con		16a. DE	CEDENT'S	work done	during mo	on st of working	9	16b. KII	ID OF BUSINES	S/INDUSTRY		
Elementary/Secondary (0-12)		College (1-4 or 5+)											
17. FATNER'S NAME (First, Middle			1	HOMEM	IAKER								
W W W W W A 3		77.7	mm.c						E (First, Midd	le, Maiden Surna			
WILLIAM		F.1	TTS					ELIA		TUR	1		
O 198. INPOHMANT'S NAME (Type/I		Anm								City or Town, Sta		T AND O	
TIPICI								Aν,		BURNIE	·		
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State   cemetery, crematory								DATE		ON — City or T		
4 Donation 6 Other (Spe			HALLS	CHUI	CHURCH CEMETERY GLEN BURNIE, MARYI								
21. SIGNATURE OF FUNERAL SE	ERVICE LICEN	SEE	0.0		22.	NAME AN	DH H	IS OF FAC	UN IR	. FUNE	RAI. HO	ME P	
( a an	Ul	-11-0	DUL	in						T., BAI			
Sequentially liet conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	te		OR AS A CONSEC										
	dconditiona	ontributing to d	leeth but not r	reculting	ng In the underlying ceuse given in Part i.					PERFORMED	2/	b. WERE AUTOF AVAILABLE P COMPLETION OF DEATH?	
Σ												1 TYES	
25. WAS CASE HEPERHED TO MI	H	IOSPITAL:			OTHE	R:	-		ck only one)				
EXAMINER?	1	☐ Inpatient 2 ☐		DOA 28b. TIN	-				Other (S)		w 00000		
1 VES 2 NO		DATE OF			mm- C 100-	25c. (NJ)	URY AT		zad. DEŞCRI	BE HOW INJUR	Y OCCUREO		
III 1 V NATURA 5 PRIN		26a. DATE OF II (Month, Day		IN.	JURY	WO	RK?	LNC					
2 Accident inves		(Month, Day	(, Year)	IN	JURY M	1 🗌 Y	PRK7 YES 2	-	004 / 00-7	M /0.		D. A. H.	
2 Accident inver	iding estigation	(Month, Day 26a. PLACE OF		IN	JURY M	1 🗌 Y	PRK7 YES 2	-	281. LOCATIO City or R	ON (Street and Nown, State)	lumber or Rural	Route Number,	
1  YES 2 NO  27. MANNEB OF OEATH  1 Netural 5 Peru 2 Accident Inver 3 Suicide 6 Cou 4 Nomicide dete	iding estigation ald not be ermined	(Month, Day 26a. PLACE Of building, a	( Year) INJURY — At hote. (Specify)	ome, farm,	JURY M atreet, fec	WO 1 🔲 Y lory, office	PRK? YES 2		City or To	own, State)		Route Number,	
2 Accident Inver	iding setigation ald not be armined	(Month, Day 26a. PLACE OF	INJURY — At hote. (Specify)	ome, farm,	M atreet, fec	WO 1 1 1 lory, office	PRK? YES 2	and due t	City or To	own, State)  a) and manner a	ne stated.		
2   Accident free free free free free free free fre	iding setigation sid not be ermined side PNYSICIAL EXAMINER: (	(Month, Day 26e. PLACE OF building, at N: To the best of n	(, Year)  INJURY — At he te. (Specify)  ny knowledge, de smination and/or	ome, farm,	M atreet, fec	WO 1 1 1 lory, office	PK? YES 2 e and place, leath occurr	and due t	o the cause(i	own, State)  a) and manner a  I place, and dus	ne stated.	(a) and manner	
2   Accident friver 2   Accident friver 3   Suicide 6   Cou 4   Nomicide dete  29a. CERTIFIER (Check only one) 2   MEDICAL  25b. SATURE AND TITLE OF	oding setigation and not be sermined set in the  (Month, Day 28e. PLACE Of building, at N: To the best of n On the basis of axa	injury — At ho te. (Specify)  my knowledge, de amination and/or  M. a.	oath occurr	atreet, fact	WO 1 1 1 lory, office	PK? YES 2 e and place, leath occurr	and due t	o the cause(i	own, State)  a) and manner a  I place, and dus	ne stated.	(a) and manner		
2   Accident friver 2   Accident friver 3   Suicide 6   Cou dete 4   Nomicide dete 29e. CERTIFIER (Check only one) 2   MEDICAL 29e. SIGNATURE AND TRILE OF	oding setigation and not be sermined set in the  (Month, Day 28e. PLACE Of building, at N: To the best of n On the basis of axa	injury — At ho te. (Specify)  my knowledge, de amination and/or  M. a.	ome, farm,	atreet, fact ared at the toon, in my co	wo 1  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and place, leath occurr	and due to the till t	City or To	a) and manner s I place, and dus	ne stated. a to the cause	(a) and manner		
2   Accident friver 3   Sulcide 6   Cou 4   Nomicide dete  29a. CERTIFIER (Check only one) 2   MEDICAL  25a. SEATURE AND TITLE OF	iding petigetion and not be permined with the pe	M: To the best of non the basis of axe	injury — At ho te. (Specify)  my knowledge, de amination and/or  M. a.	ome, farm,	atreet, fact ared at the toon, in my co	wo 1  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and place, leath occurr	and due to the till t	City or To	a) and manner s I place, and dus	ne stated. a to the cause		

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within rights after death. Page 6 may be retained by the hospital or attending physician.	In the case of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the case of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING EXCEPTANT The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: the procedures has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after the many mile presents the party and Mental Hygiene prior to bugal, cremation, for removal,	IMPORTANT: If Item 28 is minimal or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

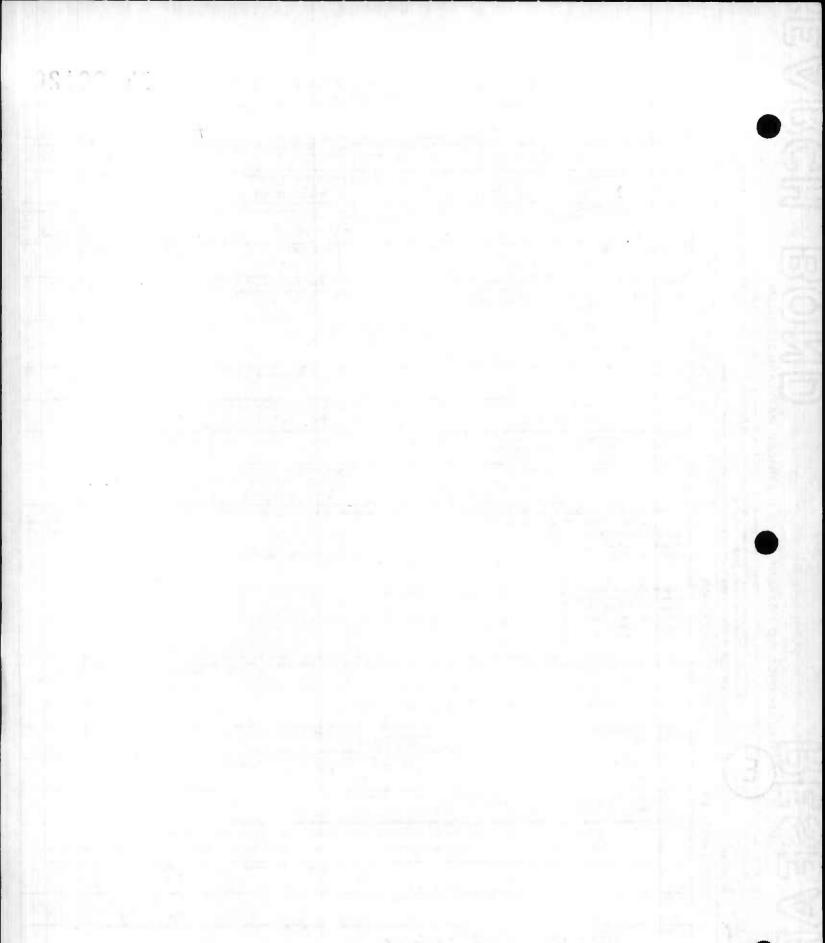
	st)	CI	-11111	ICATE	UFL	DEAT	H	REG. I			3. TIME OF DEATH	
	Ist	rea1	Eng	ram				MONTH 1	94	YEAR	11:45 am	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER 2		7. DATE OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign	
212-58-2470	1 XM 2 F	41	YRS.	MONTHS	DAYS F	HOURS MIN.		(Month, Day, Year) 7-17-52		MI		
9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN OR						ATH	
(Home) 1416		reet			Ва	alti	more					
10a. STATE 10b. COU			10c. CIT	Y, TOWN C	OR LOCATION					10d. INSIDE CITY		
MD.				E	Baltin	more					YES 2 NO	
100. STREET AND NUMBER 1416	Ward St	reet			101. Z	101. ZIP CODE 21230				10g. CITIZEN OF WHAT COUNTE		
11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	T EVER IN U.S. AR			13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puarto Rican, atc. 1 — YES 2 🖟 NO Specify			Puarto Rican, atc.)	Black, White, etc.		White, etc.	
3 Widowed 4 Divorced									AFR. AME		AMERICAN	
15. OECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	(G	ECEDENT'S live kind of v a. Do NOT us	work done	CCUPATION during most	of working		16b. KINO OF	BUSINESS/IND	DUSTRY			
17. FATHER'S NAME (First, Middle, Last) JESSE ENGRAM		9	1			AE (First, Middle, Meid LL ENGRA						
19a. INFORMANT'S NAME (Type/Print) Warnette En	ngram	19						oute Number, City or				
23. PART I. Enter the disesses, a shock, or heart feilur immediate CAUSE (Finel disesse or condition	or complications the	at coused the de use on each line of OR AS A CONSE	ale OUENCE O	npt enter	the mode	P Br	roth utaw	ers Fune Pl. Bal	timore	. Md	A . 21217  Approximate interval Between Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	c	(OR AS A CONSE										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit	c	(OR AS A CONSE	OUENCE OF	In the un		cause gl	ven in I	PERI	AN AUTOPSY ORNED? 2 M NO		VERE AUTOPSY FINDINGS IMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to  d.  Jona contributing to  Law Day  OS1 S & L	(OR AS A CONSEC	OUENCE OF	In the un	TLIS 28. PLAC	-1200	10	PERI	ORNED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit  FOR CAUSE (DISEASE PRICE OF MEDICAL EXAMINER?)  1 YES 2 NO	c. OUE TO	death but not a	OUENCE OF	In the un	TLIS 28. PLAC	CE OF OE	ATH (Che	PERI 1 TYES	ORNED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit  PART III. Other significant conditions  PART III. O	oue To d.  lona contributing to  lona Contributing to  lona Contributing to  lona Contributing to  28a. DATE OF (Month, L.	death but not in the second of	OUENCE OF	OTHER	28. PLAC 3: sing Home 28c. INJUR WORK	E OF OE	ATH (Che	PERI 1 YES	2 DI NO	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit  n  PA	OUE TO  d.  Iona contributing to  Aud Da C  OS7 S 4 L  HOSPITAL:  1   Inperiant 2 C  (Month, L  OS9  28e. PLACE C  pullding	death but not in the second of	OUENCE OF	OTHER	28. PLAC R: sing Home 28c. INJUR WORK 1   YES	E OF OE	ATH (Che	PERI 1 YES  ck only one)  6 Other (Specify)	W INJURY Occ	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!	

(Check only	X	CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
one)		BEDICAL EVANINED: On the book of everylection and/or investigation to an extension of the book of everylection and/or investigation to the second of the book of the book of everylection and/or investigation to the book of

i in	EDICAL EXAMINER:	On the beals	of examination	and/or investigation, in my	opinion, death oc	cured at the time.	, data and place,	and dua to the c	ause(a) and manne	r as stated.
110 515		-		A						

10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27), (Type, Print)	-		_
Russell RDE CUEND 3001 SHANNER	57,6	Saltane,	/

JAN 0 61994

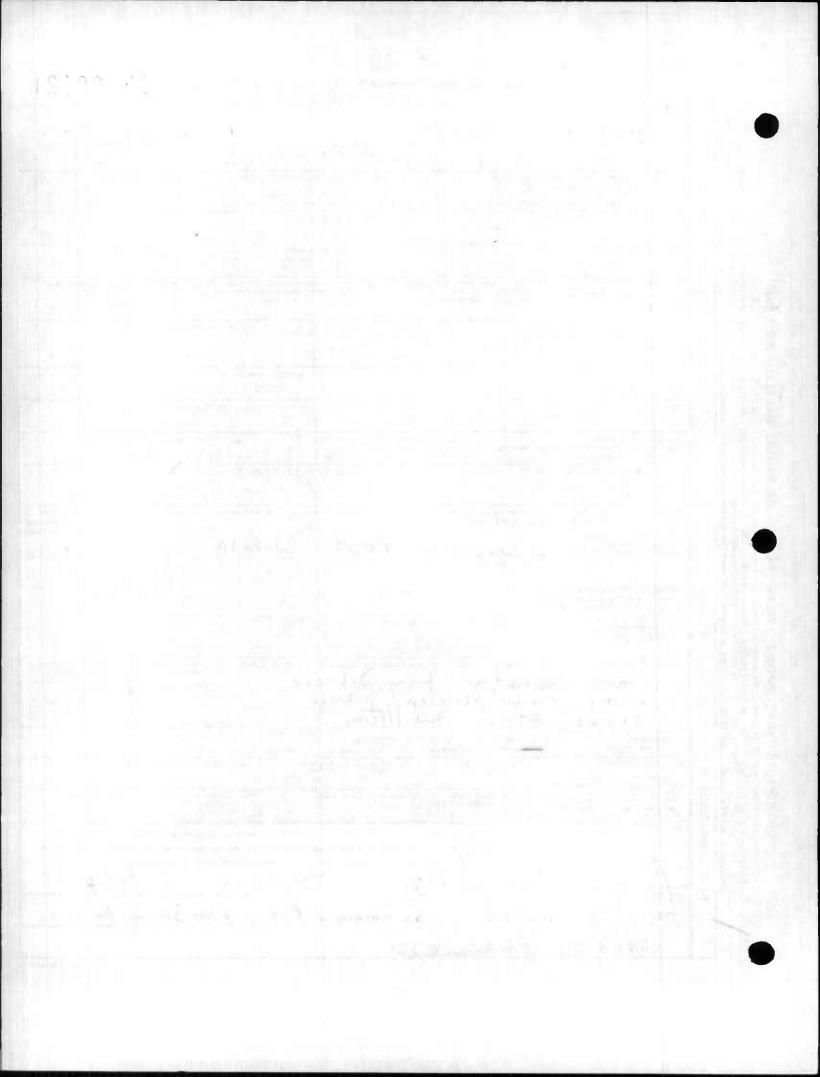


94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH YEAR Seymoun

4. SOCIAL SECURITY NUMBER Freed Man 7. DATE OF BIRTH
(Month, Day Year)
Feb. 9,1911 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Pennsylvania 189 05 3524 1 XM 2 | F 82 YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospital DIRECTOR Silver Spring Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES AND NO Maryland Silver Spring Montgomery permit. FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2445 Lyttonsville Road 20910 use as the burial-transit United States urs after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? TYPES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE - American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high 4 College (1-4 or 5+) Por Elementary/Secondary (0-12) Public Relations detached Self-employed once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Max Freedman Bertha Berkowitz funeral director, page 5 should be notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Estelle Freedman Same address as #10 Pe 20a METHOD OF DISPOSITION

449-Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Ring David Memorial Gardens 1-4-94 Falls Church, Va. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY UNDER A HOMES Falls Church, Va. 22046 the medical 23. PART L/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. Liet only one cause on each line. filled in by Approximate 0 IMMEDIATE CAUSE (Finel **Onset and Death** cremation, the disease or condition resulting in death) 920921C promars the attending physician and completely i Mental Hygiene prior to burial, crematic 15 YEARS DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO JOB AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the any 9 Lp 921 a 1 YES 2 NO shows a Varcula e hronic Disease 1 TYES 2 NO has been a Athia PHYSICIAN: chronic 19/10y 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL: OTHER: 1 TES 2X NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. this c 1 Natural 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) ) THE HOSPITAL OFFICIOR: Afficient of Filed within 72 hours after de the Afficient of the A 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e, CERTIFIER 1XX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examing fipn end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and manner se stated. THE STATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 025808 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Herman B ALR and Georgia 20902 31. DATE FILEO (Month, Day, Year) 32 REGISTRAR'S SIGNATURE JAN 0 6 1991 DHMH-18 Rev 1/89

> 301-681-9095 Dr. Segal-not in Vesterany Sanet



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

29b. SIGNATURE AND TITLE OF CERTIFIER

11AN

William

31. DATE FILED (MONTH, Day, Year)
JAN 0 6 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Henry T. Gruber 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) March 12, IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 17 M 2 - F 137-03-0195 91 YRS. 1902 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fairhaven Life Care Community Sykesville RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Carroll County Sykesville permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? for use as the burial-transit 7200 Third Avenue 21784 within 24 hours after death, Page 6 may be retained by the hospital or attending physician, injetely filled in by the funeral director, page 5 should be detached for use as the burlal-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Glue kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Clergy Episcopalian Clergy once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Harry Gruber BE Esther Yerkes notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) C-76 7200 Third Avenue Sykesville, MD 21784 Mary H. Gruber 3 20a. METHOD OF DISPOSITION
1 □ Burlal 2 1 Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must matery, crematory or other placa) Carroll Cremation Serv. Jan. 5, 1994 Hampstead, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral lon, or removal. HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory arrest, abock, or haert failure. List only one cause on sech line. and completely filled in burial, cremation, or IMMEDIATE CAUSE (Final the disease or condition ROSTATE CANCER resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION and Sequentially list conditions, prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): physician certificate be DUE TO (OR AS A CONSEQUENCE OF): the attending p resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Health and that shows any 1 YES 2 NO obstructive pulm oncivy disease this certificate has been with the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? item 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation M DIRECTOR: After the hours after death was 1 YES 2 NO BY 2 Accident ATTENDING 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) .00 3 Sulcide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 4 Homicide Heal 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL CO BE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Rd

1645 Liberty

32. REGISTRAR'S SIGNATURE

Eldersburg MD

94 00122

3. TIME OF DEATH

12:07

8. BIRTHPLACE (State or Foreign

Carroll County

U.S.A.

Specify:

14. RACE — American Indian, Black, White, atc.

Pennsylvania

10d, INSIDE CITY

1 YES 2 NO

White

Approximete Interval Batween

Onset and Death

5 years

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

COMPLETION OF CAUSE

REG. NO.

2. DATE OF DEATH

		t permit. Pages 1, 2, 3 should	
/LAND 21215-0020	y the hospital or attending physician.	be detached for use as the burial-transi	
BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained	by the funeral director, page 5 should	IEITOVAI.
POITAL RECORDS, P.O. BOX 68760,	Comments and management of the second of the second of the second of the second of the hospital or attending physician.	the formal by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	The state of the s
ON OF VITAL RECOR	ING PHYSICIANT PRIM requires that	ther this certificate has been signed by	Call Will County of Health and
DIVISIO	THE HOSPITAL OR ATTENDI	THE FUNERAL DIRECTOR A	MINISTRAL TO THE SHARE SHARE

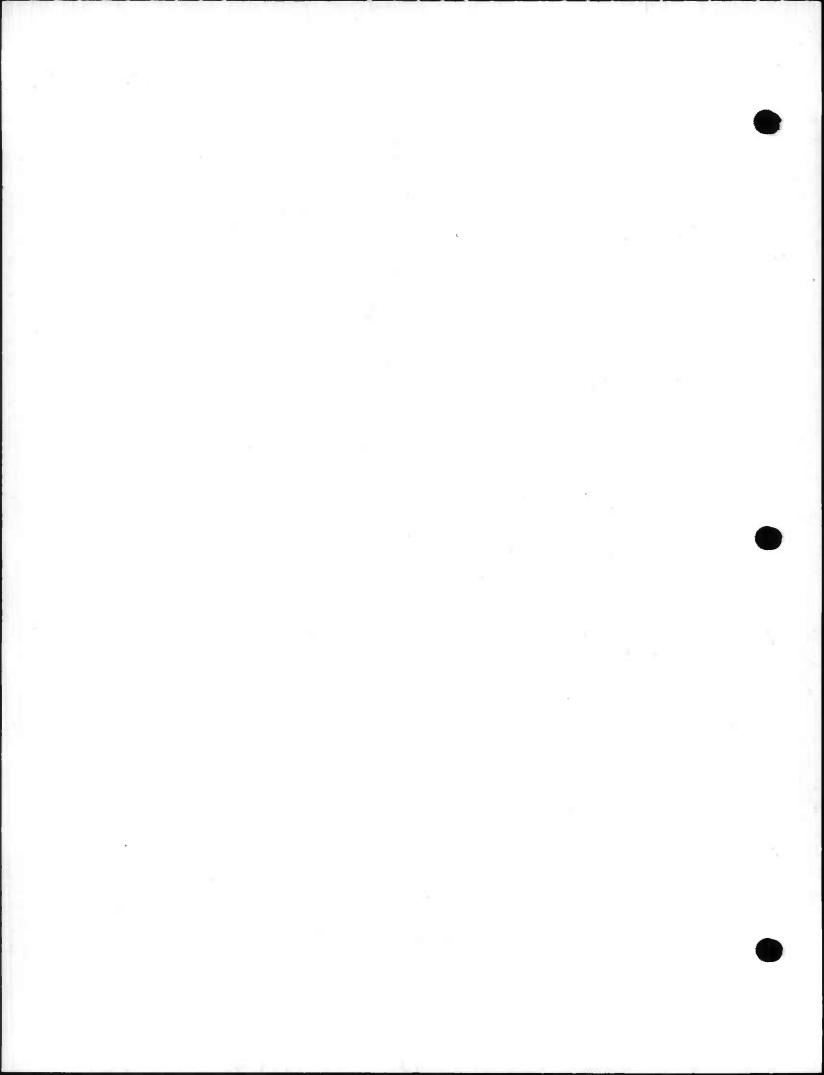
	1. DECEDENT'S NAME (First, Middle, Last)	O.o.o.o	CERTIFICATE OF DEATH					O. DAY	YEAR	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER 218-76-4761	Anna 5. sex 1 □ M 2 X X F	6. AGE (In yrs. Is		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-2-196	1 199		IPLACE (State or Fo	
TOR	90. FACILITY NAME (If not institution, give s Seton Manor RESIDENCE OF DECEDENT	7.11.1		1	cıty, town Baltin	OR LOCATION OF D		9c. COUN			
DIRECTOR	10e. STATE 10b. COUNTY	1			imore	TION				10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 1039 Sir Ann St	reet			16	21223			S S	VHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	RMED	If yes, s		NIC ORIGIN? (Specify 1 an, Puerto Rican, etc.) fy:	ee or No-	14. RACE Black Specif	- American India c, White, etc. by: Black	
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th	CATION completed) College (1-4 or 5 +	S	ECEDENT'S USU Give kind of work le. Do NOT use ret	done durina m		16b. KIND OF B	USINESS/INDI	USTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Dennis Holley		16. MOTHER'S NAME (First, Middle, Melden Surname)  Mary Jane Thomas								
5	196. INFORMANT'S NAME (Type/Print)  Dennis Holley  196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Co 2552 Harlem Avenue Baltimore, Md 2									16	
	20e, METHOD OF DISPOSITION 1 (A Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Cemetary, crematory, or other place)  ANDUTUS METHOD F DISPOSITION (Name of Cemetary, crematory, or other place)  ANDUTUS METHOD F DISPOSITION (Name of Cemetary, crematory, or other place)  ANDUTUS METHOD F DISPOSITION (Name of Cemetary, crematory, or other place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H West 4300 Wabash Avenue										
	shock, or heart failure. List only one cause on each line.									Approxima Interval Be Onset and	
ERTIFICATION	OUE TO (OR AS A CONSEQUENCE OF):										
: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  CMV ref in it is  Anasarca  1   YES 2   NO								24b.	WERE AUTOPSY FII AVAILABLE PRIOR COMPLETION OF C OF DEATH?  1 YES 2 N	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT	26. P	LACE OF DEATH (C	heck only one)				
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF (Month, Da	INJURY	rutpetient 3 DOA 4 Nursing Home 5 Residence 8  Y 28b. TIME OF 28c. INJURY AT				8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCUREO			
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At h	ome, ferm, street	, fectory, offic	ce	281. LOCATION (Stree City or Town, Stat		or Rural R	doute Number,	
COMPLE	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurred at	the time data	and place, and du	to the cause(e) end m	enner ee state	d	·	

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31. DATE FILEO (Month. Day, Year)

JAN 0 61994

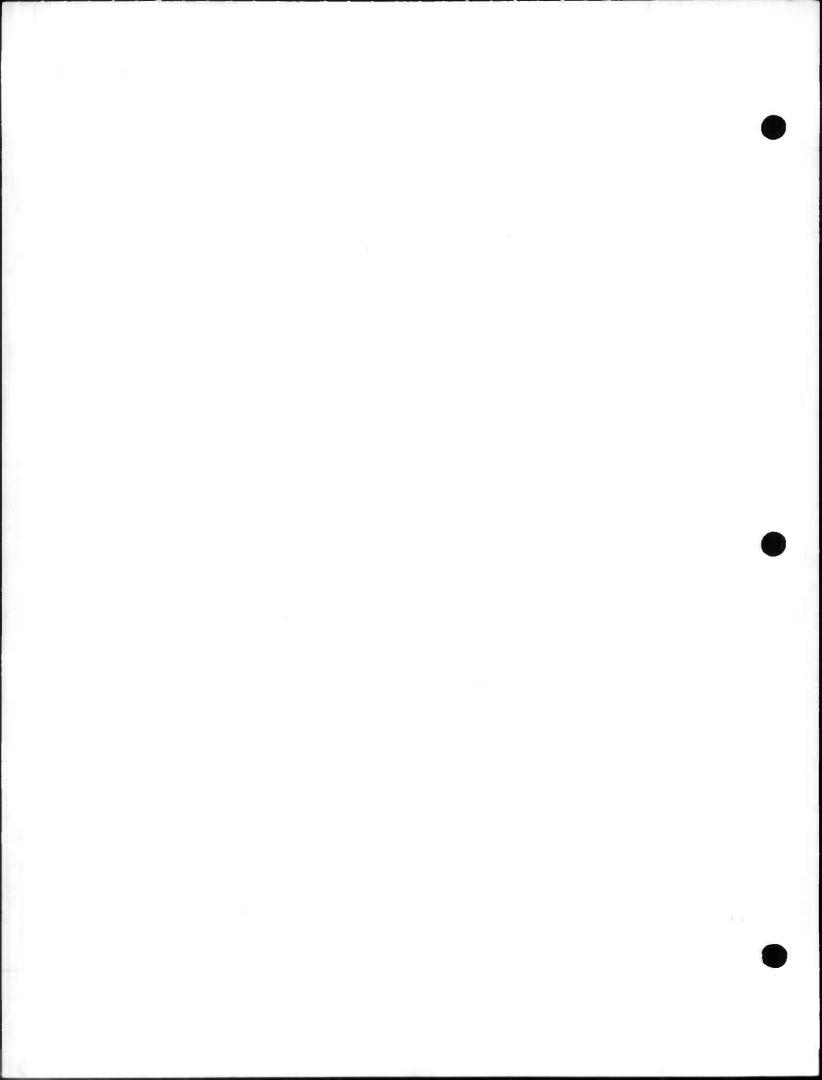


-	STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR		CERTIF	ICATE O	F DEATH	F	REG. NO.				
			1. DECEDENT'S NAME (First, Middle, Last)	To Too				2. DATE OF MONTH	DEATH	YEAR 3.	TIME OF DEATH		
			JAMES HEYW	OOD JR,						947 3	3:15P M		
			4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF (Month, De	BIRTN ev. Year)	8. BIRTHPLA	ACE (State or Foreign		
	무		213-64-5479	1 X M 2 🗆 F	38 YRS.	MONTHS DAYS	HOURS MIN.		5-1955	MARYL	LAND		
	3 should	~	9a. FACILITY NAME (If not institution, give st	reet and number)		96. CITY, TOW	OR LOCATION OF D	EATN	9c. COU	NTY OF DEAT	N		
	2,	DIRECTOR	UNIVERSITY	HOSPITAL		BAI	TIMORE C	ITY					
	, SS 1,	딦	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY										
	Pag	E I			100.01						d. INSIDE CITY LIMITS?		
	mit.		MD.  10e. STREET AND NUMBER				TIMORE C	LTY			YES 2 NO		
	sit pe	RA	THE PERSON OF STREET	77					10g. CITI	IZEN OF WHAT	r COUNTRY?		
_	physician. bun'al-transit permit. Pages 1,	FUNERAL	3308 WINDSOR AVENU	12. WAS DECEDENT EVER II	NIIS ADMED	12 WAS D	21216 ECENDENT OF HISPA	NIC ORIGINA (O		USA.			
5-0020	physician. burial-trar		1√ Never Married 2 ☐ Married	FORCES? 1 YES	2 X NO	If yes,	specify Cuban, Maxic	an, Puerto Rica		Black, WI	American Indian, hite, etc.		
0-10	attending se as the	B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify: BLACK										
21	atten Se as	E	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA		16b, KIN	ND OF BUSINESS/IND				
21	al or for u		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	nost or working						
9	the hospital or att detached for use once.	MP			UNEMP	LOYED							
RYLAND		COMPL	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Midd	lle, Maiden Surname)				
RYI	od by	BE		HEYWARD SR			BERNIC		HEYWOO				
MAI	5 should notified	5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t and Number or Rural	Route Number, (	City or Town, State, Zip	Code)			
	be n			HEYWARD				BALTIM	ORE, MAR	YLAND	21216		
RE BE	rs after death, Page 6 may be n by the funeral director, page removal.		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State cen	netery, crematory or o	ther place!		DATE	20c. LOCATION —	City or Town,	State		
TIMO	Page I direc		4 Donation 5 Other (Specify)	M	ETRO CRE				BALTIMOR	E, MAR	YLAND		
E	death, Pag e funeral di II. examiner		- Ala	( ) ( )	1		AND ADDRESS OF FA		777744777 4 7	77.03.600			
BAL	the fur		JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223										
	nours after of In by the or removal		23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart feliure. Liet only one ceuse on each line.  Approximate interval Between										
	3 of		IMMEDIATE CAUSE (Fine)										
Ų	I		IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  ■ INFECTIOUS ENDOCARDITIS										
9	ted within completely ial, cremat event, 1			DUE TO (OR AS A	CONSEQUENCE O	F):					-1000		
68760	executed within and completely o burial, crema matic event,	Z	Sequentially list conditions,	INTRAVE			ANCE A	BUSE	•				
		CERTIFICATION	If any, leading to immediate	·	CONSEQUENCE O	,							
B	ficate be physicial ne prior ser trau	5	CAUSE (Disease or injury	ASPIRA	CONSEQUENCE OF	MUZUM	DNIA				10 days		
0		Ē	that initieted events resulting in death) LAST				ACCIDE	11		i	71201-		
Д.		CE		CENCOF	OVASCO	JUNE TO THE PARTY OF THE PARTY	100				Zidays		
CORDS	that the deared by the att the and Menta any injury,	A	PART II. Other aignificent conditions	contributing to deeth b	out not recuiting	in the underlyi	ng ceuse given in	Part I. 24	. WAS AN AUTOPSY		RE AUTOPSY FINDINGS		
OH	that th an	DICAL	PREVIOUS LET	<b>EBROVASC</b>	DLYK	EVENT		1	PERFORMED?	CON	MPLETION DF CAUSE		
	requires been signa of Healt shows	ME									DEATH?		
	> 0 5	**											
VITAL	V: The lavicate has State Dep Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)					
2		Š	1 YES 2 NO	HOSFITAL: 1 ☑ Inpatient 2 ☐ ER/Outp	petient 3 🗆 DOA	OTHER: 4 - Nursing No	me 5 🗆 Residence	6 Other (Sp	pecify)				
OF	PHYSICIA this certil with the rked, or	PHY	27. MANNED OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		NJURY AT YORK?	28d. DESCRI	BE NOW INJURY OCC	CURED			
Z		BY	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO						
0	ATTENDING ECTOR: After 's after death of 28 is ma		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, s	street, factory, of	ica	26f. LOCATIO	N (Street and Number wn, State)	or Rural Route	Number,		
DIVISION	OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ELE	4 Homicide determined	a comment				Sily Sir IS	, otato,				
٥		COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurr	ed at the time, da	ta and place, and due	to the cause(a	and manner as state	ed.			
	THE HOSPITAL THE FUNERAL filed within 72 I	O		: On the beals of examination							d manner as stated.		
	E FU	BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE	E SIGNED (Mor	nth, Day, Year)		
	TO THE HOSPITA TO THE FUNERAL DE filed within 72 IMPORTANT: If		LAMagalor	g MD			UMMS	6790	7 >	1/4/9	. 1		
		임	30. NAME AND ADDRESS OF PERSON WHO				1 /		DA	LTIM	ORE		
	3		LESLIE MAG		10 2	2 500	TH GREE	NE 5	T. MI	0 212	201		
			31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	_								
			1 N N O C100 A	Tuli Danden	Kendald								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



ial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH													
	G	ERTRUE	E COOPER	HORLICE						JAN 1 1994			YEAR	6:20 A M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH , Day, Year)	8. BIRTHPLACE ( Country)		IPLACE (State or Foreign
	120-03-99	29	1 M 2 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.		28 1	914		SACHUSETTS
	90. FACILITY NAME (If not i	institution, give :	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				NTY OF D	
DIRECTOR	NATIONAL RESIDENCE OF DE	NAVAL	CENTER			BET	THESE	A			M	IONTG	OMERY	
E I	10e. STATE	10b. COUNT		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
<u>a</u>	VIRGINIA	ARI	INGTON			ARLI	NGTO	N						1 YES 2 NO
A	10e. STREET AND NUMBER	1			10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			
1 4	3004 N. STU	ART ST	REET			2.1		. 2	2207	7		U	NITE	D STATES
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. AR		13.	WAS DEC	ENDENT (	F HISPAN	NC ORIGIN	? (Specify Ye	s or No—	14. RACI	E — Americen Indian, k, White, etc.		
ВУ	1 Never Married 2 X 3 Widowed 4 Div	13-5	IF YES, GIVE W	AR OR DATES				2 NO			irowing accus		Spec	
COMPLETED	15. DE	CEDENT'S EDU	CATION completed)	16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON and world	200	16b.	KIND OF BU	SINESS/INI	DUSTRY	
151	Elementary/Secondary (		College (1-4 or 5 +	Min	Do NOT u	se retired.)	ourng mo	of Or WORD	2	P	RTVATI	7		
MP			5 +	PSY	CHOI	OGIS	T-CI	INIC	AL		CT VIIII			
8	17. FATHER'S NAME (First, I	Aiddle, Last)									fiddle, Maiden			
H	SAMUEL CO										ILABLI			
2	19e. INFORMANT'S NAME (										er, City or Tox			07
-	REUBEN S. H					_			REET	, AR	LINGT			
	20a, METHOD OF DISPOSI 1 P-Buriel 2 Cremati		oval from State	20b. PLACE A						OATI	20c. LC	CATION —		
	4 Donation 5 Other		-	KING	DAVI	- Y					4-194	FALL	S CH	URCH, VA.
	V 1/1 00	SENVICE	CEMBER			I 22.	VES-	PEAR	SON FA	FUNE	RAL HO	MES		
	Mell	flet	0.			F	ALLS	CHU	RCH,	VA	22046	5		
CERTIFICATION										Interval Between Onset and Daath				
MEDICAL	PERFORMED?  1 □ YES 2 🏋 NO ON										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
AN	25. WAS CASE REFERRED	TO MEDICAL					28 PI	ACE OF D	FATH (C)	eck only on	e)			
SC	EXAMINER?		HOSPITAL:	ED/Outpetlant 2	[] DOA	OTHE	R:							
PHYSICIAN	27. MANNER OF DEATH	INJURY ny, Year)	28b. TIM		28c. INJ WC	URY AT		6 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED						
ВУ	2 Accident	Investigation Could not be	26e. PLACE O	F INJURY — At he	me, farm,	street, fac		YES 2	NO	281. LOC	ATION (Street	and Numbe	r or Rural I	Route Number,
E	4 Homicide	determined	bullding,	atc. (Specify)						City	or Town, State	)		
COMPLETED			GAN: To the best of											i) end menner ee stated.
	29b. SIGNATURE AND TITLE	1	1											
TO BE	Species	M.D.				29C. LICI	ENSE NUA	RBER		290. DAI	2	(Month, Day, Year)		
-	30. NAME AND ADDRESS O				M 27) (Type	, Print)		NAT	CIONA	AL NA	VAL M	EDICA	AL CH	ENTER
	J.D.MAGUI							BET	THESI	DA ME	2088	9-560	00	
	31. DATE FILED (Month, Day,			N'S SIGNATURE										
	JAN () 6	1994	fresher Dec	idom Am	1500									DHMH-16 Rev 1/89

58,00 %

## ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

RECORDS, P.O. BOX 13146,

23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

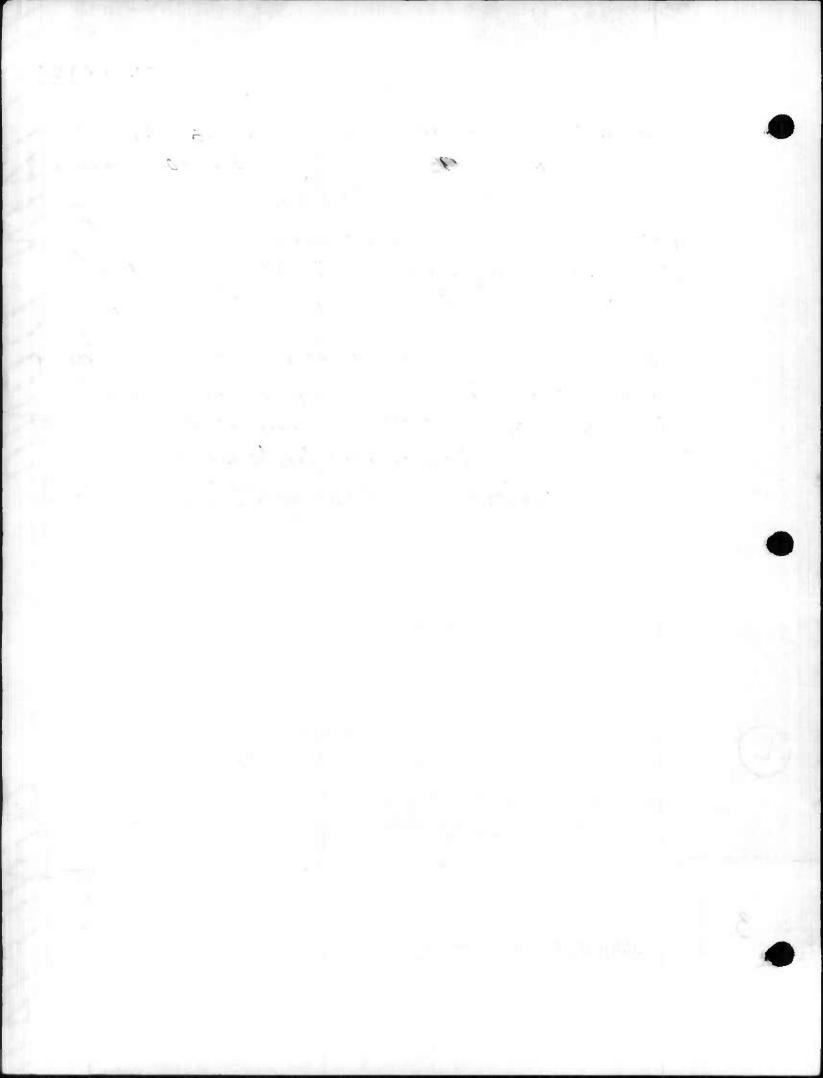
signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should at Health and Mental Hygiene prior to burial, cremation, or removal. equires that the death certificate be executed within DIVISION OF VIT TO THE HOSPITAL OR ATTENDING PHOSPITAL OR TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death we IMPORTANT; If Item 28 is marked, a

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JAN 0 61994

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	94 00126					
	1. DECEDENT'S NAME (First, Middle, Last)		nes	Jr.	2. DATE OF DEATH DAY	3. TIME OF DEATH					
		SEX 6. AGE (In yrs. les	3 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Month Pay, Year)	8. BIRTHPLACE (State or Foreign Country)					
OR	BON SECOURS HOSPITAL  BON SECOURS HOSPITAL  BATTIMORE  Sc. COUNTY OF DEAD										
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	or Location Eltimore		10d. INSIDE CITY IMITS?  1 YES 2 \( \sum \) NO					
FUNERAL	2111 W. M	ulberry St.	rect	10f. ZIP CODE 2/22		CITIZEN OF WHAT COUNTRY? USA					
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPAL If yes, specify Cuben, Mexico 1 YES 2 DON Specif		14. RACE — American Indian, Black, White, etc.  Specify: Black					
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Sacondary (0-12) College (1-4 or 6+)  Spray Painter Auto Manufacture  16. DECEDENT'S USUAL OCCUPATION (One bird of working life. be NOT use neitred.)  16. DECEDENT'S USUAL OCCUPATION (She bird of working life. be NOT use neitred.)  16. DECEDENT'S USUAL OCCUPATION (One business/INDUSTRY)  16. DECEDENT'S USUAL OCCUPAT										
BE CON	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Annie Lee Harper										
10 B	198. INFORMANT'S NAME (Type/Print)  Tones  196. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip Code)  2/// W. Mulherry J. Balts Md 2/2/2										
	20a. METHOD OF DISPOSITION  1   Description   2   Cremation   3   Removal from State   4   Donation   5   Other (Specify)   20b. PLACE OF DISPOSITION (Negre of correctory or other place)   20c. Location - City of Town, State   2   Cremation   3   Removal from State   4   Donation   5   Other (Specify)   20c. Location - City of Town, State   2   Cremation   5   Other (Specify)   20c. Location - City of Town, State   2   Cremation   5   Other (Specify)   20c. Location - City of Town, State   2   Cremation   5   Other (Specify)   20c. Location - City of Town, State   2   Cremation   5   Other (Specify)   20c. Location - City of Town, State   2   Cremation   5   Other (Specify)   20c. Location - City of Town, State   2   Cremation   5   Other (Specify)   20c. Location - City of Town, State   2   Cremation   5   Other (Specify)   20c. Location - City of Town, State   2   Cremation   5   Other (Specify)   2   Cremation   5   Other (Spec										
	21. SIGNATURE OF FUNERIAL SERVICE LICEN	3. Cyl	222	NAME AND ADDRESS OF FA	Caple Fu	neral Service					
		nplications that caused the de it only one cause on each line	eath. Do not ente			Interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  Onset and Death										
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSE	QUENCE OF):								
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  - HTM  - DI alala Malli Malli Tus  24a. WAS AN AUTOPSY PREFORMED?  1 PES 2 NO  24b. WERE AUTOPSY FINDINGS  ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 VES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	heok only one)						
PHYSI	1 YES 2 NO 1 27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatient 3  28a. DATE OF INJURY (Month, Day, Year)		28c, INJURY AT WORK?	6 ☐ Other (Specify)  28d, DESCRIBE NOW INJURY	OCCURED					
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	1 YES 2 NO	261. LOCATION (Street and Nun City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	Torroom only	N: To the best of my knowledge, de				stated. to the cause(a) and manner as stated.					
BE CC	295. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NU	MBER 29d. 1	DATE BIGMED (Mouth, Disp. Year)					



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<b>BALTIMORE, MARYLAND 21215-0020</b>	nin - nours after death. Page 6 may be retained by the hospital or attending physician
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JAN 0 61994

	1. DECEDENT'S NAME (First, Middle, La	st)					2. DAT	TE OF DEATH	AY	YEAR 3	. TIME OF D
	CHARLES H						7	4	94		9:1
	4. SOCIAL SECURITY NUMBER 213-32-1478	5. SEX	6. AGE (In yrs. last to 58	//	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN		Des Sour		Country)	ACE (State of
		9e. FACILITY NAME (If not institution, give street and number)					DEATH		9c. COUNT		MARYL
OR	GREATER BALTIM	ORE MEDICA	AL CENTER		BALTIMO					AT.TTI	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10h. COU		02314211	10c. CITY	Y, TOWN OR LOCAT				1		od. INSIDE (
DIR	MARYLAND BAL	TIMORE CIT	TY		LTIMORE						LIMITS?
FUNERAL	100. STREET AND NUMBER 3820 FERNHILL AV	/ENUE			10	21215	5,1		UNI.	TED S	AT COUNTR
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Vidowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 YES 2 NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:				
ED	15. DECEDENT'S E (Specify only highest gr		(Give	kind of w	USUAL OCCUPATION	ON ost of working	1	6b. KIND OF BU	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)	Cotlege (1-4 or 5	+) #fe. D	Do NOT us	visor			H.S. E	AKERV		
OMI	17. FATHER'S NAME (First, Middle, Last)			I DE I	ATDOIL	18. MOTHER'S	NAME (Firs.	t, Middle, Maiden			
BEC	GUY	D. JACKS	ON				EDNA DAVIS				
TO E	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street						A STD O
_	ETHEL JACKSON				FERNHIL			BALTIMO			
	1 Buriel 2 Cremetion 3 R	emoval from State	cemetery, creme	atory or of	DE DISPOSITION (NO ARBUTUS	MEM F		ATE 20c. LO	BALTO .		i, State
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	· (alvin L.	or complications the	et coused the deat use on each line.		(Gary	P. Mar	ch F	.H., P.	A.)	PAS	Approx
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	Henry	JU	REWICZ			1000		1-4-94		TEAR	6:54
	4. SOCIAL SECURITY NUMBER 056-07-7797	5. SEX	6. AGE (In yrs. In 78	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH	15	8. BIRTHPI Country)	LACE (State or Fi
	9a. FACILITY NAME (If not institution, give		70		9b. CITY, TOWN	OR LOCATION OF		1			w Yor
OR	Franklin Squar		1		122	Baltimore					
ECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			10c. CD	TY, TOWN OR LOCA	Rossvi			20120		lod. INSIDE CITY
DIR		Baltimor	e			sex					LIMITS?
	10e. STREET AND NUMBER				10			10g. CITIZ		AT COUNTRY?	
VERAL	604 Seena Ro	ad				2122	21			USA	
BY FUN	11. MARITAL STATUS  1 Never Married 2/2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes, s	CENOENT OF HISP pecify Cuben, Mexi S 2000 Spec	can, Puerto		or No-		- American Indi White, etc. White
OH.	15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	(	Give kind of	USUAL OCCUPATI	ION ost of working	16	b. KIND OF BUSI	INESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	ise retired.)	50					
OMF	12+h 17. FATHER'S NAME (First, Middle, Lest)		LAu	to M	<u>lechani</u>		NAME (First	Middle, Maiden S	Sumamal		
ш	Adolf Jure	wicz					heri		Zaradska		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	96. MAILING	G ADDRESS (Street						
F	Mary Jurewicz	7		604	Seena	Road	Balt				
	20a. METHOD OF DISPOSITION 1 Burlel 2XCIXCremation 3 Be	moval from State	comptery co	namatory or	OF DISPOSITION (Nother place)		OA		CATION — C		
	4 Donation 5 Other (Specify)	LICENSEE	- <u>IMetr</u>	o Cr	emator	YINC .		94 Bal	Ltimo	ore	MG.
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ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heart fellun immediate cause or condition resulting in death)  Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the condition of the cond	B. List only one ca  a. DUE TO  b. PROSTAT  DUE TO  L YMPHOM  c. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  28a. DATE Of (Month, in the best of	ot ceused the duse on each lin  Or as a conse  E CA WITH OR AS A CONSE  A O (OR AS A CONSE  A O (OR AS A CONSE  D (OR AS A CONSE  A O (OR AS A CONSE  A O (OR AS A CONSE  O (O	DECLEDIENCE COMETS COURNEE COURNEE COURNER COU	Conn 300 not enter the management of the managem	elly F  Mace  Dode of dying, st  CSF  Tag ceuse given in  PLACE OF DEATH ( The B Residence  JURY AT  ORK?  YES 2 NO  Ce  The end place, end do  death occured at til  29c. LICENSE N	uner Ave.  ach as cel  in Pert 1.  Check only of 28d. DE  28d. DE  28d. DE	Balti rdiec or respir  24a. WAS AN / PERFORI 1 YES 2  One)  CATION (Street ar y or Town, Stele)  suse(a) and mania	AUTOPSY MED?  MINO MINO MINO MINO MINO MINO MINO MIN	24b. V	Approximate interval onset er 4 weel

6730 Holabird Ave.

32. By Sistran's Signature

Julia Danier Radial

Baltimore Md.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The two mapures that the death certificate be associated within 24 hours after death. Page 6 may be retained by the hospital or after 10 THE FUNERAL DIRECTOR: After this certificate has been been been appropriate and community filled in by the funeral director, page 5 should be detached for use a be filled within 72 hours after death with the State Dec. of Health and Merial Hyperes prior to be filled within 72 hours after death with the State Dec. of Health and Merial Hyperes prior to remain community, or removal.
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	, Middle, Last)		24250				DEAT		2. DATE OF DEA	TN DAY	YEAR	3. TIME OF DEATH
Pober	t I.			LIN K					1	4	94	735
4. SOCIAL SECURITY NUMBER 460-64-3268	BER	5. SEX		rs. lest birthday) 69 YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRT	N Par) 4	8. BIRTN	PLACE (State or Foreign FINGTON, I
9s. FACILITY NAME (If not in	nstitution, give st				9b. CITY	, TOWN	OR LOCATIO	N OF DE			OUNTY OF DI	
GREATER LAUT	REL BEI		HOSPI	TAL		LAUR						GEORGE
RESIDENCE OF DEC	10b. COUNTY			10c, CIT	ry, Town o	OR LOCAT	ION					10d. INSIDE CITY
MARYLAND	PRIN	ICE GEORG	GE.	111111111111111111111111111111111111111	LAURI						TeV.	10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER					27 (01)(1		. ZIP CODE			10g. C	ITIZEN OF W	HAT COUNTRY?
7201 SANDY S	SPRING	ROAD					20	707			USA	
11. MARITAL STATUS 1 Never Merried 2 7 3 Divo	,	12. WAS DECEDEN FORCES?	YES 2	S. ARMED 2 NO S		If yes, sp	ENDENT OF ecity Cuber 2 0 NO	, Mexican	IC ORIGIN? (Spec n, Puerto Ricen, et :	fy Yes or No— c.)	Black	- American Indian, White, stc. Y: BLACK
	EDENT'S EDUC		16	a. DECEDENT'S	USUAL O	CCUPATIO	ON and working		16b. KIND C	F BUSINESS/I	NDUSTRY	
Elementary/Secondary (c)		College (1-4 or 5		(Give kind of life. Do NOT u DRIVER		duing mo	st or wonding		ME1	DICAL		
17. FATHER'S NAME (Flot, M (Unknown)		J							ne (First, Middle, N (UNKNOW)		)	
190. INFORMANT'S NAME (I SHERRY F. KE	.,								oute Number, City		Zip Code)	
20a. METHOD OF DISPOSIT 1 ☑ Burial 2 ☐ Crematic		wal from State		ACE AND DATE			me of		OATE 2	c. LOCATION	— City or To	wn, State
4 Donation 6 DOther			- CRO	WNSVIL	IF MI	D. V	ET CE	M	11/10	CROWNS	SVILLE	MD.
21. SIONATURE OF FUNERA	IL SERVICE LIC	ENSEE	1	0	22.	NAME A	ID ADDRES	S OF FAC	FLE	CK FUNE	ERAL +	HOME, INC. ND. 20707
disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in death) LAS	dista ING Iry	DUE TO	(OR AS A CO	CUL CUL  CONSEQUENCE O  CONSEQUENCE O	)F):	Du	len					
PART II. Other algnifice	ant condition		deeth but	not reaulting	in the ur	ndariyin	g cause g	iven in i	PI	AS AN AUTOPS ERFORMED? TES 2 NO	Y 24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
												1 TES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF OE	ATN (Che	ck only one)			
1 TYES 2 THO		1   Inpatient 2			4 🗆 Nur	sing Nom		sidence (	6 Other (Specif			
	Pending Investigation	(Month, L	Pay, Year)	26b. Tin	JURY M		URY AT PRK? YES 2	NO	28d. OEŞCRIBE I	YOW INJURY C	OCCURED	
=	Could not be determined	26s. PLACE 0 building.	of INJURY — etc. (Specify)	At home, ferm,	street, fact	tory, offic			281. LOCATION (S City or Town,	Street and Numb State)	ber or Rural R	oute Number,
3 Suicide e Suicide								9-41-010				
4 Nomicide  29s. CERTIFIER (Check only one)		CIAN: To the best of a										) and menner as stated

John

5. SEX

1 💹 M 2 🗌 F

Harford BALTIMORE

College (1-4 or 8+)

Henry

shock, or heart failure. List only one cause on each line.

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

Knese

Knese

6. AGE (In yrs. lest birthday)

YRS.

86

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

Hart Heritage Care Home

10b. COUNTY

100. STREET AHD HUMBER 2508 LAWNSIDE ROAD

15. DECEDENT'S EDUCATION

Grier Nursery Road

(Specify only highest grade co

Charles

4. SOCIAL SECURITY HUMBER

289-10-5131

RESIDENCE OF DECEDENT

1 Never Married 2 Married

3 🕅 Widowed 4 🗌 Divorced

Elementary/Secondary (0-12)

17. FATHER'S HAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

Martin D

IMMEDIATE CAUSE (Finei

disease or condition resulting in deeth)

Fred

Mrs. Elaine Ann Griffin

20e. METHOD OF DISPOSITIOH

1 💢 Burlel 2 🗆 Cremation 3 🗆 Removal from State
4 🗎 Donation 5 🗆 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

IF UNDER 1 YEAR IF UNDER 24 HRS

Street TIMONIUM

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

21154 21093

Philomena

19b. MAILIHO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

2508 Lawnside Road, Timonium, MD 21093

WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Holif yes, specify Cuban, Maxican, Puarto Rican, etc.)
 UYES 2 HO Specify:

18. MOTHER'S HAME (First, Middle, Maiden Surname)

Lemmon-Mitchell-Wiedefeld, Inc.

10 W. Padonia Road, Timonium, MD 21093

DAYS

Street

10c. CITY, TOWN OR LOCATION

16e. DECEDENT'S USUAL OCCUPATION

20b. PLACE AND DATE OF DISPOSITION (Name of

23. PART I. Enter the diseases, or complications that caused the death. Dp not enter the mode of dying, such as cardiec or respiratory arrest,

RENAL

DUE TO (OR AS A CONSEQUENCE OF):

Retail Sales/Management

Calvary Cemetery Jan. 8, 1994

Farlune

22. HAME AND ADDRESS OF FACILITY

8. BIRTHPLACE (State or Foreign Country)

10d. IHSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

Fahle

Approximate

interval Between

Onset and Death

Specify: White

1 YES 2 THO

Missouri

10g, CITIZEH OF WHAT COUNTRY?

6:30 P

2. DATE OF DEATH MONTH

01

16b. KIHD OF BUSINESS/INDUSTRY

NMN

Floor Covering

DATE 20c. LOCATION - City or Town, State

Ballwin, Missouri

7. DATE OF BIRTH (Month, Day, Year) Aug. 14 1907

1994

9c. COUNTY OF DEATH

Harford

USA

Jan.

Aug.

		200
		permit.
0	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pag
<b>BALTIMORE, MARYLAND 21215-0020</b>	phys	burk
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=	ten	98
12	2	NSI
N	tal	ò
9	ospi	thed
4	e h	etac
	5	e d
≿	5	P
A	ine	MOL
3	reta	25
-	2	9
Ш	38	ğ
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=	Pag	6
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m	181	the state

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE notified

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examiner

n by the removal.

10a. STATE

Maryland

11. MARITAL STATUS

DIVISION OF VITAL RECORDS, P.O. BOX

CERTIFICATION	that initiated events reaulting in death) LAST	cDUE TO (OR AS A COHSEC	ALZ	heimer				
MEDICAL	PART ii. Other algnificant condition	na contributing to death but not r	resulting in the u	nderlying cause given in		PERFORMED?  YES 2 HO	COM OF D	AUTOPSY FIND ABLE PRIOR TO PLETION OF CAU EATH? YES 2   HO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C/	neck only one)			<u> </u>
S	1 YES 2 0						EDCA	NE Pas
ву РНУ	27. MAHHER DF DEATH  1 Netural 5 Pending Investigation	28s. DATE DF INJURY (Month, Day, Year)	28c. INJURY AT WORK? 1 YES 2 HD	NJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?				
ETED B	3 Suicide 6 Could not be determined	28e. PLACE DF INJURY — At he building, etc. (Specify)	28a. PLACE DF INJURY — At home, term, street, factory, office building, etc. (Specify)					lumber,
COMPLE	and and	BICIAN: To the best of my knowledge, de ER: On the besis of exemination and/or						manner as state
$\mathbf{v}$	29b. SIGNATURE AND TITLE DF CERTIFIE	ER /		MA C	MBER	29d. DATE	SIGNED (Mont	h, Day, Year)
BE	augus D							
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)					
BE	30 NAME AND ADDRESS OF PERSON WI		Laurel 1	Bush Road, E	mmorto	n, MD		

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The investment of the control cate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has seen varied by mental hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 in a principal property or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF				3. TIME OF DEATH
Charlo	tte	Ludlow	7	Kin	ıg				Jan.	03	19	YEAR	10:00 P.
4. SOCIAL SECURITY NUM	BEA	5. SEX	6. AGE (In	yrs. last birth		DER 1 YEAR			7. DATE OF (Month, D	BIRTH		8. BIRTI	HPLACE (State or Foreign
213-48-292	1	1 [ M 2 K F		86 Y	AS. MONTH	HB DAY	HOURS	MIN.	Apr.		907	Count	ryland
Se. FACILITY NAME (If not	institution, give a	street and number)	Brich	twood	9b. C	HTY, TOW	N OR LOCAT	ION OF DI				INTY OF E	
Meridian N		Center	at	- WOOd	E	Brook	klandy	ville	3		Ва	ltim	nore
10a. STATE	10b. COUNT	Y		100	c. CITY, TOW	N OR LO	CATION						10d. INSIDE CITY LIMITS?
Maryland	Balt	imore			Broo	klar	ndvill	e					1 TES 2 NO
10e. STREET AND NUMBER							101, ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
515 Brigh	tfield	Road					210	)22			Ţ	JSA	
11. MARITAL STATUS  1 Never Married 2 2  3 Wildowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 NO		If yes,		en, Mexica	NIC ORIGIN? (S in, Puerto Rica y:		or No-	Biec	E — American Indian, k, White, atc. White
	CEDENT'S EDU			16a. DECEDE	NT'S USUA	L OCCUPA	ATION		16b. KII	ND OF BUS	SINESS/IN		
Elementary/Secondary	9-12)	College (1-4 or 5	+)	life. Do h	NOT use retire	one during id.)	most of work	ng					
		3		Hous	ewife	3			Н	omema	king	7	
17. FATHER'S NAME (First,	Middle, Last)			OF IS			18. MOT	HER'S NA	ME (First, Midd	die, Maiden	Sumame)		
Stocket W	hitele	y					F	leste	er Hopl	kins			
19a. INFORMANT'S NAME				19b, MA	ILING ADDR	IESS (Stre	et and Numbe	r or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
Mr. Norva	1 H. K	ing, III		16	Hol1	is (	Court,	Tin	nonium	, MD	2109	3	
20a. METHOD OF DISPOSI 1 X Burial 2 Cremeti 4 Donation 5 Dotte	on 3 🗆 Rem	noval from State	ceme	PLACE AND D	ry or other pla	ice)		Ian	6, 19		CATION -		
21. SIGNATURE OF FUNER		CENSEE	1110	· OII		22. NAME	AND ADDRE	SS OF FA	CILITY				
•	A. Le	milion	no	-					ell-Wi a Rd.				
IMMEDIATE CAUSE (Fi disease or condition resulting in desth)		List only one ca	AS	P.24		PJG	. ا در ب	A					Onset and Des
	_	Car		CONSEQUEN		c w en	K E	1_G	FT HG	m. PL	66-11	۵,	9 Days
Sequentielly list condi	tions,	D,		CONSEQUEN						-			
ceuse. Enter UNDERLY	ING	- ASC	(V)										
CAUSE (Disease or Inj that initiated events	uly 1			CONSEDUEN	ICE OF):								
reaulting in deeth) LA	ST	d											
PART II. Other algnific	ent condition	ne contributing to	o death bu	t not requi	ting in the	underly	don course	aluen In	Dort I 04	In. WAS AN	ALTTORON	100	b. WERE AUTOPSY FINDING
		2° ceus						Aisail Iti		PERFOR	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		0000							_   1	YES 2	NO		OF DEATH?
25. WAS CASE REFERRED	TO MEDICAL					26.	PLACE OF I	DEATH (Ch	neck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpar	tient 3 🗆 D		MER: Nursing H	lome 5 🗆 R	esidence	8 Other (S	(pecify)			
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	288	b. TIME OF INJURY		INJURY AT WORK?	□ NO	28d. DESCR	IBE HOW I	NJURY O	CURED	
2/ Accident 3 Suicide 8 4 Homicide	Investigation  Could not be determined	28a. PLACE building	OF INJURY -	— At homa, f	larm, street,				28f. LOCATION OF T	ON (Street i	and Numbe	or or Rural	Route Number,
onel _	DICAL EXAMINE						n, death occu		time, data and		nd due to t	the cause(	a) and manner as stated.  D (Month, Day, Year)
30. NAME AND ADDRESS (	h di	Somon	N N	TH (ITEM 0-	Olmo Palest		D	123					ny, 5, 1994
Charles 0'	Donova	n, III,	M.D.,	6565		Char1	Les St	., S	Suite 5	509,	Tows	on,	MD 21204
31. DATE FILEO (Month, De)	) 61994	33 MEGISTR	AR'S SIGNA	TURE - Rand	ue.								

RECOR	quires that
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DIVISION OF Y	AL OR ATTENDING PHYSI
	THE HOSPIT
	0

	1. DECEDENT'S NAME (First, Middle, Last	B. KEI	CERTII ADY			2. DATE OF I	DEATH DAY	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 579- 22-2178	5. SEX 8. AC	GE (In yrs. last birthday 93 YRS.	MONTHS DAYS		7. DATE OF B		6. BIRTNPLA Country)	CE (State or Foreign	
ECTOR	98. FACILITY NAME (If not institution, give		SEPT.	96. CITY, TOWN	A TO C	DEATH	9c. COUN	TY OF DEATI	SI D CD	
DIREC	10a. STATE 10b. COUN	altimore		ity, town or Loc	CATION				1. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	17 Court Pleasa		en of what 2d Sta							
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR YES, GIVE WAR OF	ES 2 NO	If yes,	ECENDENT OF NISPA apocity Cuban, Maxie ES 2 NO Spec	can, Puerto Ricar	pecify Yes or No— i, atc.)	14. RACE — Black, Wi Specify: ((	American Indian, hita, atc. Ihite	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) UNRNOWN		(Give kind of life. Do NOT	rs usual occupa I work done during use retired.) naker	TION most of working		of Business/Indi	JSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Lest)  William Mann  18. MOTNER'S NAME (First, Middle, Malden Surneme)  Mary Collins									
10	19a. INFORMANT'S NAME (Type/Print) Mrs. Ann Marie	Haddix	196. MARLIN	owrt Ple	asant Ap	t. C3 B	in or rown, state, zip	Rown, State, ZIP Code) timore, Md. 21222		
	20a. METHOD OF DISPOSITION  1	moval from State	20b. PLACE AND DAT	SHULCE	Corp.	DATE	Towson,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									
ERTIFICATION	Sequentially illet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilieted events resulting in deeth) LAST	bDUE TO (OR A	IS A CONSEQUENCE	OF):					Onset and I	
MEDICAL C	PART II. Other significent condition	ona contributing to deet	h but not reaulting	in the underly	ing cause given i		. WAS AN AUTOPSY PERFORMED? YES 2 NO	AMA COF	RE AUTOPSY FIND RLABLE PRIOR TO MPLETION OF CAU DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outnationt 3 □ DOA	OTHER:	PLACE OF DEATH (C		antid			
ву РНУ	27. MANNER OF DEATN  1 Natural 5 Pending Investigation	26a. DATE OF INJUI (Month, Day, Yea	RY 26b. T	ME OF 28c.	NJURY AT WORK? YES 2 NO	_	BE HOW INJURY OCC	URED	11-6	
TED	3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE OF INJU building, atc. (5	URY — At home, farm Specify)	, street, factory, of	fica	281. LOCATIO City or To	N (Street and Number wn, State)	or Rural Route	Number,	
COMPLE	100	SICIAN: To the best of my kr							d manner aa sta	
BE C	299, GIGHATURE AND TITLE OF CERTIFIE	N	19 - [	WH .	29c, LICENSE N	WHER 203	29d. DATE	SIGNED (M	nth, Day, Year)	
0										
5	30. NAME AND ADDRESS OF PERSON W  C. MORROCO  31. DATE FILED (Month, Day, Year)		F.S. 12	oe, Print) The State of the Sta	ED CT.	2 8	MERG!	SEF	7.	

STATE REGISTRAR	STATE OF	MARY
1. DECEDENT'S NAME (First, Middle, Last)	110	1-

## CERTIFICATE OF DEATH REG. NO.

should		1. DECEDENT'S NAME (First, Middle, Last)  The Kield E  4. SOCIAL SECURITY NUMBER  2.19-32-3638  1 M 2 KF  90. PACILITY NAME (If not institution, give greet and number)	(Thir 6. AGE (In yrs. lat 59	YRS. MONTHS		ER 24 HRS. 7. DA	TE OF BERTH ONTH, Day, Year)  10 - 2/ - 34	9 VEAR 8. BIRTH	3. TIME OF DEATH  2 S M  M  MPLACE (State or Foreign  Ary land  EATH
. Pages 1, 2, 3 si	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	Hou	10c. CITY, TOWN C	1 .1 -	more			10d. INSIDE CITY LIMITS?  1 YES 2 \( \) NO
in. ansit permit	FUNERAL I	100. STREET AND NUMBER Ready A	he.	// //	10f. ZIP COI		109	. CITIZEN OF V	WHAT COUNTRY?
5-0020 nding physician. Is the burial-transit	В	1 Name Married 2 Married FORCES?	ENT EVER IN U.S. AT 1 YES 2 WAR OR DATES	NO I	MAS DECENOENT f yes, specify Cub	an, Maxican, Puer	GIN? (Specify Yaa or N do Rican, etc.)	Disel	E—American Indian, k, Whita, atc.
D 2121 spital or atte ned for use a	MPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-6 or	(G	CEDENT'S USUAL OC live kind of work done of Do NOT-use retired.)	ecupation during most of work	ding	16b. KIND OF BUSINES	S/INDUSTRY	mp/oyed
# 8 A	BE COM	17. FATHER'S NAME (First, Middle, Last)  HRUH'R Nelson  19a, INFORMANT'S NAME (TroopPrint)	Drum	mond b. MAILING ADDRESS		assy	St. Middle, Maiden Surna Ler Tr. Jumber, City or Town, Sta	ude	Young
RE, MAR nay be retained page 5 should it be notified	10	Cheryll Little	20b. PLACE	6230 AND DATE OF DISPOS	Ching	Mapin	PKWY (	Balto	Ad 2/239
ALTIMOR leath. Page 6 ma funeral director, p		1	confetery, cre	emetory or other place) [T] SON [22.]	FOREST NAME AND ADDR	ESS OF FACILITY	Capk 1	ngs /	hills, Md.
B. BOX 68760, B. to consider with cours after consider and completely filled in by the Hyperine prior to burial, cremation, or removal or other traumstill event, the medical (	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	SPIRATE O (OR AS A CONSE	ORY FRI OUENCE OF: THE LAPY OUENCE OF: MY	LURE	0 70060			Approximate interval Between Onset and Death
MECORDS.  That he deal of the state of the s	: MEDICAL CE	PART II. Other eignificent conditions contributing	to deeth but not	reaulting in the un	derlying ceuse	given in Part i	24a. WAS AN AUTO PERFORMED 1 YES 2		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN: The Incommendation of the State Dept. 1, or them 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1   Input on 2	☐ ER/Outpatient 3	OTHEF	t:	DEATH (Check only		SPICE	
O FF state of	ВУ РН	1 Natural 5 Pending 2 Accident Investigation	Day, Ybar)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2	□ NO	DESCRIBE HOW INJUR		
DIVISION OR ATTENDING DIRECTOR: After hours after death Item 28 is mai	ETED.	4 Homicide detarmined buildin	g, etc. (Specify)	ome, farm, street, fact			OCATION (Street and N Dity or Town, State)		Route Number,
<b>B B B E</b>	COMPLET	(Check only one) MEDICAL EXAMINER: On the beats of							i) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	W		29c. Lit	22488	290	PATE SIGNED	(Month, Day, Year)
2		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA  J. J. J. J. J. J. J. J. J. J. J. J. J. J	D. ZZZ RAR'S SIGNATURE		106E	ROLD, A	BALTO. N	10, 2	1212
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The arranding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a supplied to the purious compation, or removal. injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has the filed within 72 hours after death with the State Dept. IMPORTANT: If I lem 28 is marked, or I lem 23 news

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	94	00134
	2. DATE OF DEATN	-11	3. TIME OF DEATN

h	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIEN		00134
	1. DECEDENT'S NAME (First, Middle, Less)	EL LON	g 5r.		2. DATE OF DEATH MONTH	MY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-30-1167	5. SEX 8. AGE (III	G YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. HB DAYS HOURS WIN,	7. DATE OF BIRTH (Month, Day Year)	2 8.8	BIRTNPLACE (State or Foreign Country) VA
~	9a. FACILITY NAME (If not institution, give		9b.	CITY, TOWN OR LOCATION OF	DEATN	9c. COUNTY	OF DEATH
TOF	LIBERTY MEDI	CAL CENTER		BALTO			
DIRECTOR	10a. STATE 10b. COUN	TY		WN OR LOCATION			10d. INSIDE CITY LIMITS? XX YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 3421 PARK H	EIGHTS AVE		10f. ZIP CODE 21215		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? Y YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	13. WAS DECENDENT OF NISP If yes, specify Cuban, Maxi 1 YES ANO Spec	ANIC ORIGIN? (Specify Ye can, Puerto Rican, etc.) city:		RACE — American Indian, Black, White, atc. Specify: BLACK
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 12TH	OUCATION de completed) College (1-4 or 5+)	life. Do NOT use retir	one during most of working	16b, KIND OF BU	SINESS/INDUST	FRY
O	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Sumame)	
BE C	JOHN COLE			ELIZA	BETH	LONG	
10	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Run			*
		INES		PARK HEIGHT			
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE AND DATE OF DIS	POSITION (Name of Porest Vet	1/7/94 C	OCATION - City OWINGS	or Town, Stata Mills, Md
	21. SIGNATURE OF PURERAL SERVICE	ICENSEE		22. NAME AND ADDRESS OF	FACILITY		
	Mala	Mark		MARCH F/H-	WEST 4300	) WABA	SH AVE
CERTIFICATION	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. See Due to (or as a Due to (or as a C.	diae a	rest Fadolie a	lidosis		Interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions of the con	aleckol	it not resulting in the	e underlying cause given i	in Part I. 24e. WAS AN PERFO 1   YES :	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (	Check only one)		
YSI	1 TES 2 NO	1 Inpetient 2 ER/Outpe		HER: Nursing Nome 5 - Residence	e 6 □ Other (Specify)		
	27. MANNER OF DEATH  1 Natural S Pending	(Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURE	ED
B	2 Accident Investigation	28e. PLACE OF INJURY	At home form street	1 YES 2 NO	28f. LOCATION (Street	and Number of C	New Art March
밀	3 Suicide 6 Could not b 4 Homicide determined	building, atc. (Special	fy)		City or Town, State	)	urer route nymber,
BE COMPLETED		VSICIAN: To the best of my knowle NER: On the best of examination			he time, data and placa, a		-
TO B	30. NAME AND ADDRESS OF PERSON V			file De	44505	> /	17/44
	VA, IMPE		LIBERT	y wear	. HENY	200	
	JAN 0 6199	32. REGISTRAR'S SIGNA	TURE full				

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	1. DECEDENT'S NAME (First, Middle, Las JOSEPHINE MC		LONG						2. DAT	E OF DEATH	DAY 3 1	YEAR 1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER 1			R 24 HRS.	7. DATE	E OF BIRTH	,		HPLACE (State or Foreign
1	219-10-7866	1 M 2 V F	90	YRS.		DAYS	HOURS	MIN.	1 8	3 → 25 → 1		Pe	nnsylvania
5	9a. FACILITY NAME (If not institution, given 1205 Hanson Ro				Bb. CITY, TOWN OR LOCATION OF DEATH  Edgewood					ec. county of DEATH Harford			
DINECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			100 CIT	Y, TOWN OR						-	-0-	10d, INSIDE CITY
	Maryland	Baltim	ore	100.011	1, 101111 011	LOGAII	ION	Duna	lalk				LIMITS?
- CINETIVE	10e. STREET AND NUMBER		197			10f.	ZIP COE		0.0				WHAT COUNTRY?
	615 Aldworth R	load 12. WAS DECEDER	UT EVED IN II C A	BMED	49. 149	10000	ENDENCE		222	IN? (Specify )		_	ted States
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES 2 X	NO NO	18 3	yes, spe		an, Maxico	n, Puerto	Rican, atc.)	WE OF NO	Blac Spec	E — American Indian, ik, Whita, atc. city: White
	15. DECEDENT'S E (Specify only highest gro	ade completed)		Give kind of v	work done du	CUPATIO	N st of work	ing	16	b. KIND OF B			,
	Elementary/Secondary (0-12) 4th Grade	College (1-4 or 5	+)		etary						more .nment	-	
	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maide			
	Robert McKendr	ick								eth L			
	Mrs. Margaret B	Salturi			Aldw					nber, City or Te Lalk,			21222
	20a, METHOD OF DISPOSITION		20b.PLAC	E AND DATE	OF DISPOSIT	ION (Na	ma of	, aa	OA		OCATION -		
	4 Donation 5 Other (Specify)	NTOMBME	NT Oak	Lawn					1199	4 B	altim	ore,	Maryland
ì	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			Du	ame an	Ruck	ESS OF FA	ieral	2 Home	060	unda	lk, Inc.
	23. PART i. Enter the diseases, of ahock, or heart fellur IMMEDIATE CAUSE (Final							Ave	2. 1	Dundal	k. Ma		Approximate Interval Between
	ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO		EQUENCE OF	not enter the		da of dy	Ave	2. 1	Dundal	k. Ma		Approximate Interval Betw
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	ahock, or heart failur  IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other algnificent condit  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OBATH 1 Natural 5 Pending 1 Netwest Section 1 Netwest Sect	a. DUE TO b. DUE TO c. DUE TO d.  TO DUE TO	De injury — At I. (Specify)	EQUENCE OF Tresulting To DOA 28b. TIM INJ	OTHER:  OTHER:  URY M  street, factor	28. PL 28. PL 29. Pd 28. PL 29. Pd 20. Pd 20. Pd 20	ACE OF ONE OF THE  given in	Part I.  Part I.  28d. DE  28f. LO  City time, dat	24a. WAS A PERFIT I YES	IN AUTOPSY ORMEO?  2 IN NO VINJURY OC st and Number (b)	24th	Approximate Interval Betwo Onset and De Onse	

BALTIMORE, MARYLAND 21215-0020

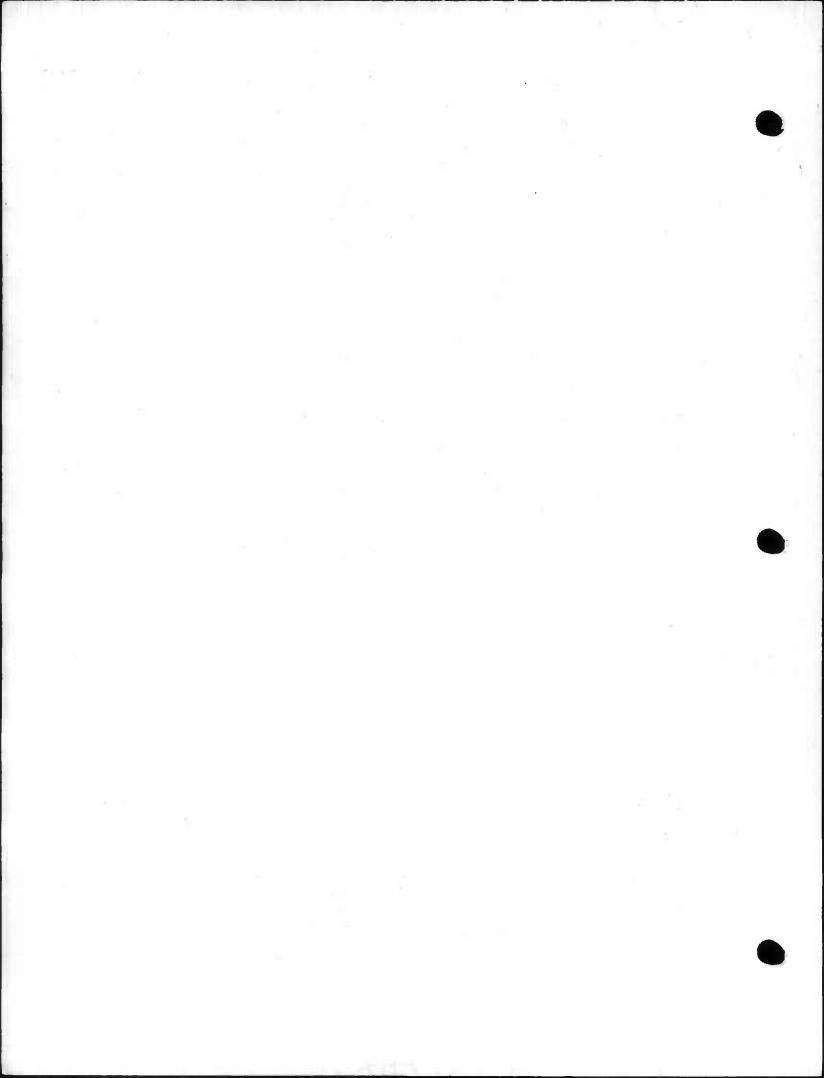
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIA	RAL DIRECTOR: After this cert
DIVISION OF V	HOSPITAL OR ATTENDING PHYSICIA	UNERAL DIRECTOR: After this cert
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law reported that the certificate be executed within	THE FUNERAL DIRECTOR: After this cert

	1. DECEDENT'S NAME (First	t, Middle, Last)									2. DATE OF DEATH	AY .	VEAR	3. TIME OF DEATN
		Charl	-	Lent							Jan. 4,	1994	YEAR	8:50 P.
	4. SOCIAL SECURITY NUMBER 212-34-410		5. SEX	6. AGE (In	n yrs. last	birthday)	IF UND	DAYS	HOURS	ER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	PLACE (State or Foreign y) yland
100	90. FACILITY NAME (If not in	-		71			9b. CI	TY. TOWN	OR LOCA	TION OF DE		1 ac COI	NTY OF D	
E C	Good Sama	aritan	Hospita	al				Balt				30.000	_	CAIN
DIRECTOR	RESIDENCE OF DEC				10c. CITY, TOWN OR LOCATION									
1 2 2	Maryland	10b. COUNT	_					more						10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER					בי	1 L U.					1		1 🖰 YES 2 🗌 NO
RA	611 S. Dur		Street					100	f. ZIP CO	1231		10g. CIT	U.S.	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 3  Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	I 🗌 YES	2 NO If yes, specify Cuban, Mexic			OF NISPAN	n, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.			
ED	15. DEC	EDENT'S EDU	JCATION e completed		16e. DEC	EDENT'S	USUAL	OCCUPATION OCCUPATION	ON	No.	16b. KIND OF BU	SINESS/IN	DUSTRY	
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MP	8		0			ror	ıgsh	orer			Shipp			
ဗ	17. FATHER'S NAME (First, M. Adam P.		Sn								ME (First, Middle, Melden nia Wyatt	Surname)		
8	19a. INFORMANT'S NAME (1		, 51.		105	MAH INO	40000	20.00		-	litta Wyatt			<u></u>
5	Calvin Wy	,,			8	007	Gra	ss (smar	ven	Rd.	Balto. Co	n. State, Zi	. 2]	.222
TO BE COM	20e. METHOD OF DISPOSIT.  120 Burlel 2 Crematio 4 Donation 5 Other	on 3 □ Rem	noval from State	20b. F	PLACE AN	ND DATE O	OF DISPO	mete	eme of	Ja	oate 20c. Lo	to.C	City or To	wn, State
	21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL GERVICE LICENSES  21. SIGNATURE OF FUNERAL GERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY GEORGE A. Weber & Sons Inc.												
	21. SIGNATURE OF FUNERAL GERVICE LICENSES (PLOS)  George A. Weber & Sons Inc.  22. NAME AND ADDRESS OF FACILITY George A. Weber & Sons Inc.  705 S. Ann St. Balto. Md. 21231  23. PART I. Enter tha diseases, or complications that coused the daeth. Do not enter the mode of dying, such sa cardisc or respiratory arrest, App.										231			
HTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condition if any, leeding to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	ions, diate ing	b. Due to	FMS OF AS A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT	CONSEOL	JENCE OF	of L	usny						mothy 3 weeks
5			d	deeth but	t not re	sulting	n the u	inderiving	n ceuse	alven In I	Part I. 24a, WAS AN	Allmorev	245	WERE AUTOPSY FINDING
MEDIC	(OP)	0 0			t not resulting in the underlying ceuse given in Pa				PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO		
SICIAN:	25, MAS CASE REFERRED TO EXAMINER?	O MEDICAL							ACE OF	DEATN (Che	ck anly one)			
	1 - YES 2 NO		HOSPITAL:	ER/Outpet	tient 3	DOA	OTHE 4 Nu		e 5 🗆 F	Reeldence	8 Other (Specify)			
ВУ РНУ		Pending Investigation	28e. DATE OF (Month, D			28b. TIM INJ	E OF URY M		URY AT PRK? YES 2	□ NO	28d. DEŞCRIBE NOW I	NJURY OC	CURED	
TED	3 Suicide 6	Could not be determined	28e. PLACE Coulding.	OF INJURY - atc. (Specif)	A1 hom	e, ferm, s	treet, fe	ctory, office	•		281. LOCATION (Street e City or Town, State)	and Number	or Rural F	loute Number,
O BE COMPLE											to the cause(e) end mar			) end menner as stated.
TO BE	30. NAME AND ADDRESS OF	100	R ALABATION CAN	A TIM	IN (ITEM	27) (Type,	Print)	coll	29c. LIG	Pana	BER ASPITAL	29d. DAT	E SIGNED	(Month, Day, Year)
4	BD WALL  31. DATE FILED (Month, Day,	Your)	0 Garage	SAM	API	M	H	95Pi	bel	B	alterna M	1		
		0 6199		Sands		ndal	<u>_</u>							

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60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require that the case of the second within recover after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been when the burial ching physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Heart and Montal price prior to burial, cremation, or removal.	, or Item 23 shows we make or other traumatic event, the medical examiner must be notified at once.
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0.0	ian certifica	manding ph	or other
300	that the de	To the last	
F VITAL RECORDS, P.O. BOX 68760,	N: The law required	ficate has been sen State Dept. of Her	Item 23 shows
DIVISION OF V	HE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certifit be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or
	2	2 3	Ξ

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)				_		DEATH		REG. NO			
	1		-			-				AY	YEAR	3. TIME OF DEATH
	BENJAMIN  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		ARTC IF UNDER		IF UNDER 24 HF		O 1 O	2	94	4 · 20 P
9	212-42-6443	12 M 2 F	48	YRS.	MONTHS	DAYS	HOURS MI		Month. Pay Year 4 5	5	S. BIRTI	HPLACE (State or Foreign (ny)
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN O	R LOCATION O			-	UNTY OF E	
OR	514 SHIRLEY	MANOR	ROAD		BΔ	ד ידי.ד	MORE			DΛ	ודייניו	MORE
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	гу		10c. CIT	Y, TOWN O							10d. INSIDE CITY
DIR	MD			200	BALT		274					LIMITS?
AL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CI1	TIZEN OF	WHAT COUNTRY?
EB	514 SHIRLEY AV	/E					21136	5			U	J.S.A.
BY FUNERAL	11. MARITAL STATUS  1 Never Married XX Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		- 1	l yes, spe		xican, P	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	Blac	E — American Indian, ik, Whita, atc.
G	15. DECEDENT'S EDU (Specify only highest grade		16e. DE	ECEDENT'S	USUAL OC	CUPATIO	N .		16b. KIND OF BU	SINESS/IN	OUSTRY	-
画	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT us	se retired.)		st of working					
COMPL	11TH			UNK	MOM	V.						
	17. FATHER'S NAME (First, Middle, Last)  EDWARD MARION	T							(First, Middle, Maiden			
8	EDWARD MARION  196. INFORMANT'S NAME (Type/Print)	N	10	h MAILING	ADODESS	/Street as	GUSS:		TENDER to Number, City or Tow		la Cada	
2	CHERYL J. MARI	ON	2	SHA	STA	CIE	RCLE A		L OWIN	GS I	MILL	S,MD 2111
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE RING				PARK	1	0ATE 20c. LO /8/94 R		- City of To	
	21. SIGNATURE OF FUNERAL SERVICE LI	Masi	6				D ADDRESS OF		ΠΥ			
		10000	<del></del>		1				ST 4300			AVE
7	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	complications that List only one cause.	ise on each ilne		not enter	the mod	de of dying,	such a	s cardiac or resp	iratory a	rrest,	Approximate interval Betwee Onaet and Deal
CERTIFICATION	snock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	a. STUD DUE TO b. DUE TO c.	ise on each ilne	OUENCE OF	not enter	the mod	de of dying,	such a	s cardiac or resp	iratory a	rrest,	Approximate interval Between Onaet and Deat
CAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO  DUE TO  d. DUE TO	(OR AS A CONSE	OUENCE OF	not enter	the moo	de of dying,	such as	t and o	Teff	CV W	Approximate interval Between Onaet and Deati
1	snock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	a. DUE TO  DUE TO  d. DUE TO	(OR AS A CONSE	OUENCE OF	not enter	the moo	de of dying,	such as	t and	AUTOPSY	CV W	Approximate interval Between Onset and Deati
-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  DUE TO  d. DUE TO	(OR AS A CONSE	OUENCE OF	not enter	the mod	CA	len	rt i. 24a. WAS AN PERFOR	AUTOPSY	CV W	Approximate interval Between Onset and Deati
-	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	OUENCE OF	F):	derlying	cause giver	Such a	rt i. 24a. WAS AN PERFOR	AUTOPSY	CV W	Approximate interval Between Onset and Deati
-	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	OUENCE OF	OTHER 4 Num	derlying  26. PL/ 1: 1: 1: 28c. INJU	cause giver	lend	rt i. 24a. WAS AN PERFOR	AUTOPSY MEO?	CV W	Approximate interval Between Onset and Deati
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	OUENCE OF	OTHER 4 OFHURY	deriying  26. PL.1: ing Home 28c. INJU WOF	cause giver	les de la la la la la la la la la la la la la	rt I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MEO?	24k	Approximate interval Between Onaet and Deat  Onaet and Deat  D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	OUENCE OF	OTHER 4 Num	26. PLJ: i: along Homes 28c. INJULY WOF	ACE OF DEATH  S GRESIDER  ACE OF DEATH  S GRESIDER  JRY AT  RC?  ES 2 NO	(Check of Check of Ch	rt I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MEO?  I NO  NJURY OC CUT	244	Approximate interval Between Onaet and Deat  No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
ETED BY PHYSICIAN: MEDICAL	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are under the conditions of the c	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OU	OTHER 4 Num E OF JUNY	26. PLJ: i:: iing Home 28c. INJ: Dry, office	Cause giver  ACE OF DEATH  5 Resider  BRY AT  RES 2 NO	lend in Par	only one)  Other (Specify)  In Location (Street St. Location (St.	AUTOPSY MEO?  I NO  NJURY OC  CUt  and Number  RLEY	24k	Approximate interval Betwee Onaet and Deat  No. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  A Stabbed  Route Number, NOR RD.
ED BY PHYSICIAN: MEDICAL	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitiated events resulting in death) LAST  PART II. Other aignificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation all conditions are remained.  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINICAL EXAMIN	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OU	OTHER 4 Num E OF JUNY	26. PLJ: i:: iing Home 28c. INJ: Dry, office	Cause giver  ACE OF DEATH  TAK?  ES 2 NO  and place, end  anth occursed at	lend in Par lend in Par lend in Check . S	rt i. 24a. WAS AN PERFOR 1 VES 2  only one) Other (Specify) Ed. DESCRIBE HOW I	AUTOPSY MEO?  I NO  NJURY OC  CUt  and Number  RLEY	24k	Approximate interval Betwee Onaet and Deal Onaet and Deal Onaet and Deal Onaet and Deal Onaet and Deal Onaet and Deal Onaet and Deal Onaet and Deal Onaet and Deal Onaet Angula Policy Individual Onaet Angula Policy Individual Onaet Angula Policy Individual Onaet Angula Policy Individual Onaet Angula Policy Indiana Policy
ETED BY PHYSICIAN: MEDICAL	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are under the conditions of the c	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OU	OTHER 4 Num E OF JUNY	26. PLJ: i:: iing Home 28c. INJ: Dry, office	Cause giver  ACE OF DEATH  5 Resider  BRY AT  RES 2 NO	lend in Par lend in Par lend in Check . S	rt i. 24a. WAS AN PERFOR 1 VES 2  only one) Other (Specify) Ed. DESCRIBE HOW I	AUTOPSY MEEO?  In NO  NURY OC  CUt  and Number  CLEY	24k	Approximate interval Betwee Onaet and Deat on Deat and Deat on Deat on Deat on Deat on Deat on Deat on Death of Death?  1 YES 2 NO  1 stabbed Rouse NOR RD.



JAN 0 61994

_	1 - STATE REGISTRAR	STATE OF MARY		DEPARTMEN RTIFICAT				GIENE G. NO.	74	00100
	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF DE		1,50	3. TIME OF DEATH
		ORANT					1-6	25 - 9	74 YEAR	1230 AH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last t		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day, )	TH	8. BIRT	NPLACE (State or Foreign
1 3	216-18-1458	1 🗆 M 2 🗷 F	73	YRS. MONTHS	S DAYS	HOURS MIN.	12-12-	1920		BURY, MARYLAND
	9e. FACILITY NAME (If not institution, give et			9b. Cl	TY, TOWN C	R LOCATION OF DE	ATH	9c. C	OUNTY OF	
DIRECTOR		SPITAL			BALT	IMORE CI	TY			
<u>[</u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c, CITY, TOWN	U OR LOCAT	TON				Land market const
E	MD.		- 1	100. 011, 1011		IMORE CI	TV			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					ZIP CODE	11	100	CITIZEN OF	1 YES 2 NO WHAT COUNTRY?
FUNERAL	2725 WALBROOK AVE	NUE				21216		log.	USA	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMI	ED 1:	3. WAS DEC	ENDENT OF NISPANI	IC OBIGIN? /Spec	Ify Ves or No.		
	1 Never Merried 2 Merried	FORCES? 1 YES			If yes, spe	2 X NO Specify:	, Puerto Ricen, a		Blac	E — American Indian, ik, White, etc.
ВУ	3-1 Widowed 4 Divorced					- Mile spaciny.				ACK
臣	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECE	EDENT'S USUAL kind of work don	OCCUPATIO	ON st of working	16b. KIND (	OF BUSINESS		1011
삗	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	Oo NOT use retired	1.)					
COMPLETED			l D	AYCARE	WOF	RKER		LTIMOR		ry
_	17. FATHER'S NAME (First, Middle, Last) WILLIAM	SAMPLE				18. MOTHER'S NAM		feiden Sumam		27.77
H	19s. INFORMANT'S NAME (Type/Print)	SATIFLE				GERTRU			SAM	LTE
2	DOROTHY HAMMO	ND	- 1			nd Number or Rural R				21230
3	200. METHOD OF DISPOSITION					ERRY ROA				
	1 10 Buriel 2 Cremation 3 Remo	val from State	Hount Z	DONE OF DISPO	tery	TOT	OATE 2	GT EN 1	Baltim	ore Maryland E, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE		CEDAR		_	ID ADDRESS OF FAC	ILITY	GLILLY 1	DOKNI	, TIAKTEAND
	De CIA MACL	n 6	Dall			PH H. BRO				
	23. PART I. Enter the diseases, or co	omplications that save	d the deat							E, MD. 21223
	snock, or haart fallure. L	iat only one cause on	aach line.	in. Do not anti	ar the mo	aa or aying, such	as cardiac or	respiratory	arreat,	Approximata intervai Batween
	IMMEDIATE CAUSE (Final disease or condition	Con								Onset and Death
	reaulting in death)	DUE TO (OR AS	A CONSEQU	IENCE OF:						3 days
2		leaw								130 do
<u> </u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS		ENCE OF:		1	1 1			way
₹				- 0				- 0	-	
	CAUSE (Disease or Injury	perin	rec	acx 1/1	asc	ular.	dise	ax		LARDIE
IFIC	CAUSE (Disease or injury that initiated events	DET TO (OF AS	A CONSEOU	ENCE OF):	asc	ular	dise	as	ح _	years
ERTIFIC	CAUSE (Disease or Injury	Derip DUE TO (O) AS	A CONSEOU	ENCE OF J:	asc	ujar	dise	as	೭	years
L CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST			ENCE OFT:						years
占	CAUSE (Disease or injury that initiated events resulting in death) LAST	contributing to death	but not res	ENCE OFT:			Part I. 24a. W	AS AN AUTOPS		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPRETED OF CAUSE
占	CAUSE (Disease or injury that initiated events resulting in death) LAST	contributing to death	but not res	ENCE OFT:			Part I. 24a. W	AS AN AUTOPS		
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST	contributing to death	but not res	ENCE OFT:			Part I. 24a. W	AS AN AUTOPS		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Cay Cay Cay  25. WAS CASE REFERREO TO MEDICAL	contributing to death	but not res	ENCE OFT:	underlying	g cause given in F	Part I. 24a. W PI 1 1	AS AN AUTOPS		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  Cay diac	contributing to death	but not res	Builting in the C	underlying 26. PL ER:	cause given in F	Part I. 24a. W	AS AN AUTOPS ERFORMED? (ES 2) NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Cay I ac  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 = ER/Out 28s. DATE OF INJURY	but not res	Sulting in the c	25. PL ER: uraing Home	ACE OF OEATH (Chec	Part I. 24a. W	AS AN AUTOPS ERFORMED? (ES 2 NO	SY 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	Contributing to death  OFFITAL:    NosPITAL:   Impetient 2   ER/Out	but not res	Builting in the C	26. PLER: uraing Home	ACE OF OEATH (Chec	Part I. 24a. W Pl	AS AN AUTOPS ERFORMED? (ES 2 NO	SY 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpatient 2 ER/Out 280. DATE OF INJURY (Month, Day, Year) 280. PLACE OF INJURY	but not res	Buiting in the control of the contro	28. PLER: 28c. INJU WOOI 1 Y	ACE OF OEATH (Chec	Part I. 24a. W PI 1 N N N N N N N N N N N N N N N N N N	AS AN AUTOPS ERFORMED? (ES 2 NO  Y) NOW INJURY (	SY 24I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 40
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	Contributing to death  OSPITAL: Inpetient 2 = ER/Out  28s. DATE OF INJURY (Month, Day, Year)	but not res	Buiting in the control of the contro	28. PLER: 28c. INJU WOOI 1 Y	ACE OF OEATH (Chec	Part I. 24a. W Pi	AS AN AUTOPS ERFORMED? (ES 2 NO  Y) NOW INJURY (	SY 24I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 40
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Suicide a Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spi	but not res	DOA OTHE OF INJURY M	28. PL ER: uraing Home 28c. INJU WOI 1  Yestory, office	ACE OF OEATH (Chec	Part I. 24e. W Pl 1	AS AN AUTOPS ERFORMED? (ES 2) NO  (Y)  NOW INJURY (State)	DCCURED ber or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 40
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 ER/Out 280. DATE OF INJURY (Month, Day, Year) 280. PLACE OF INJURY	tpatient 3	DOA OTHE CONTINUENCE OF INJURY M	28. PL ER: uraing Home 28c. INJI WOI 1   V	ACE OF OEATH (Chec	Part I. 24e. W Pl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOPS ERFORMED? (ES 2) NO  (Y)  NOW INJURY (State)  Individual of the state	DCCURED ber or Rural stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 MO
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death	tpatient 3	DOA OTHE CONTINUENCE OF INJURY M	28. PL ER: uraing Home 28c. INJI WOI 1   V	ACE OF OEATH (Chec	Part I. 24a. W Pl 1 N N N N N N N N N N N N N N N N N N	AS AN AUTOPS ERFORMED? (ES 2 NO  (Y)  NOW INJURY (  Street and Num  State)  Indian menner as a cos, and due to	DCCURED  ber or Rural  stated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 MO
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation Investigation 2 Accident Investigation 2 Accident Check only one)  29. CERTIFIER Check only one)  2 MEDICAL EXAMINER	Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death  Contributing to death	tpatient 3	DOA OTHE CONTINUENCE OF INJURY M	28. PL ER: 28c. INJI 28c. INJI 1 Y ictory, office	ACE OF OEATH (Chec	Part I. 24a. W Pi 1 N N N N N N N N N N N N N N N N N N	AS AN AUTOPS ERFORMED? (ES 2) NO  NOW INJURY (  Street and Num  State)  Indiamanner see (  ce, and due to	DCCURED  ber or Rural  stated, o the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation Investigation 2 Accident Investigation 2 Accident Check only one)  29. CERTIFIER Check only one)  2 MEDICAL EXAMINER	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specials) 13AN: To the best of my known in the basis of examinate	tpetient 3	Sulting in the course of injury Me, farm, street, fa	28. PL ER: 28c. INJI 28c. INJI 1 Y ictory, office	ACE OF OEATH (Chece 5 GResidence 8 JRY AT RK7 ES 2 NO end plece, end due to both occurred at the si	Part I. 24a. W Pi 1 N N N N N N N N N N N N N N N N N N	AS AN AUTOPS ERFORMED? (ES 2) NO  NOW INJURY (  Street and Num  State)  Indiamanner see (  ce, and due to	DCCURED  ber or Rural  stated, o the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2

PEARL

MAGGITTI

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CATHERINE

BALTIMORE, MARYLAND 21215-0020

2

31. DATE FILED (Month, Day, Year)

JAN 0 61994

4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yee BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 XF 21 218-82-6989 YRS. Mar. 12 1972 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH HARFORD **JARRETTSVILLE** DIRECTOR 2364 NORTH CLIFF Pages 1, 2, 3 RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Harford Jarrettsville permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2364 Northcliff Drive 21084 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yea, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married FORCES? 1 YES 2 BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Student Harford Community College 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Ronald Francis Maggitti notified at Catherine Pearl Allen BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ronald Francis Maggitti 2701 Christopher Ave., Baltimore, MD 21214 pe 20e. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 M Buriel 2 Cremetion 3 L 1 4 Donation 5 Other (Specify) must Commetery, crematory of other place)
Dulaney Valley Mem. Grdns. Timonium, MD 21093 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Martin D Lemmon-Mitchell-Wiedefeld, Inc. lewson Lawson 10 W. Padonia Road, Timonium, MD 21093 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or haart fallura. List pnly one cause on each line. **IMMEDIATE CAUSE (Final** the disease or condition resulting in death) rowning event, DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL PERFORMED? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 XYES 2 NO 4 Nursing Home 5X Residence 6 Other (Specify) the of 27. MANNER OF CEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 01/03/94 unknown 1 Netural 5 Pending Investigation SUBJECT DROWNED 1 YES 2 THO DIRECTOR: After the hours after death v BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Soccity) 28t. LOCATION (Street and Number or Rural Route Number 3 Suicide a Could not be COMPLETED 2364 NORTH CLIFF ROAD 4 Homicide 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner as stated. TO THE HOSPITAL
TO THE FUNERAL (
DE filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurad at the time, date end piece, and due to the ceuse(e) and manner ee stated. 296. SIGNATURE AND FITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

111 Penn street,

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

94

3. TIME OF DEATH

4:30

10d. INSIDE CITY LIMITS?

1 YES 2X NO

White

Approximate

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

01/04/94

21201

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

**Onset and Daath** 

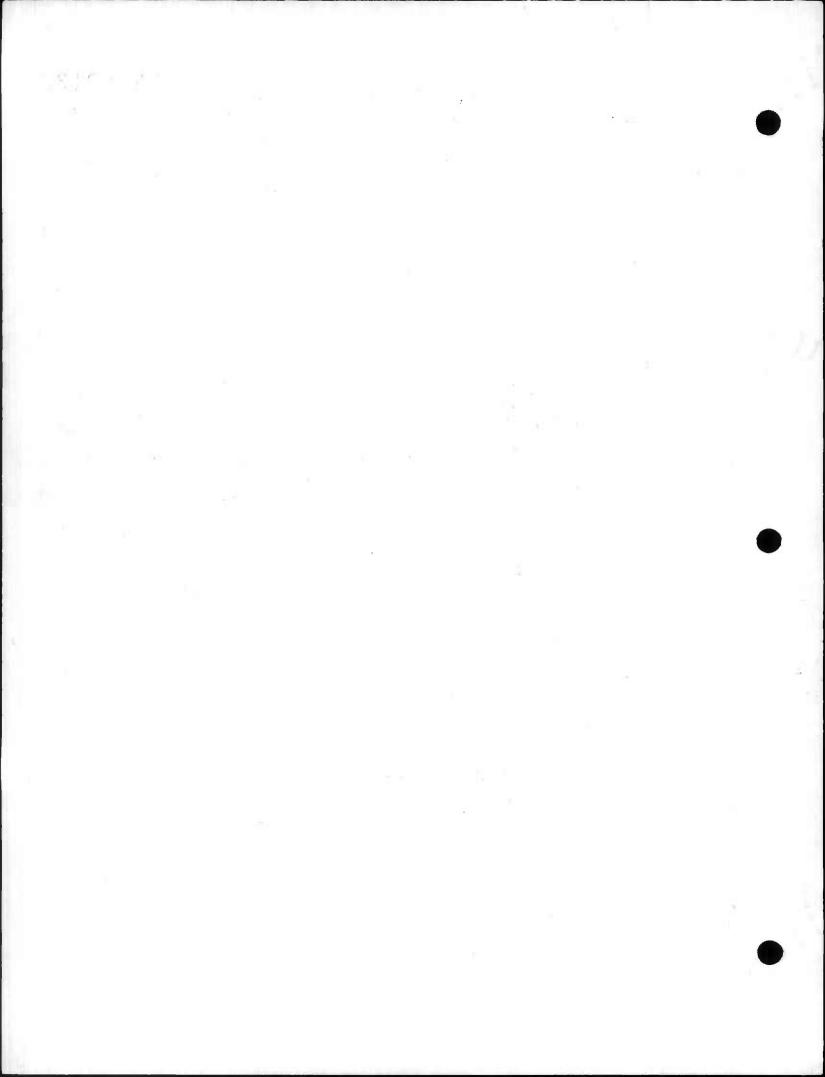
REG. NO.

DAY()3

2. DATE OF DEATH

O.C.M.E.

/ Baltimore, Maryland



FOR STATE REGISTRAR 1 -

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Leat)  JOHN R- MOBLEY  2. DATE OF DEATH MONTH DAY YEAR II. TIME OF DEATH MONTH DAY YEAR II.								
	4. SOCIAL SECURITY NUMBER 219- 40- 9264 5. SEX 1 XX M 2 1 F	6. AGE (In yrs. lest birth	AR IF UNDER 24 HRS.  YE HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 4-2-43		CAROLI NA			
TOR	9a. FACILITY NAME (If not institution, give street and number)  NORTHWEST HOSPITAL  RESIDENCE OF DECEMENT		9b. CITY, TO	n/a	EATN	BALTIMO			
DIRECTOR	MARYLAND 106. COUNTY N?A	10c.	CITY, TOWN OR LI BAL	CATION TIMORE			10d. INSIDE CITY  XLIMITS?  1 YES 2 NO		
FUNERAL		T- 2		101. ZIP CODE 21207		UNITED	STATES		
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Was Decedent FORCES? X	TEVER IN U.S. ARMED X YES 2 NO AR OR DATES	It yes	DECENDENT OF HISPAN a, specify Cuban, Maxica YES 2 NO Specify	Bie	CE American Indian, ck, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  6 TH  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  DISABLED  16b. KIND OF BUSINESS/INDUSTRY  DEPT. of SANITATION								
ш	17. FATNER'S NAME (First, Middle, Last) MANUEL MOBLEY  18. MOTHER'S NAME (First, Middle, Melden Sumame) MARIE BROWN								
TO B	194. INFORMANT'S NAME (Type/Print) ROSALEE MOBLEY	196. MAI 3415	BARRY F	PAUL ROAD, B	ALTIMORE, M	n, State, Zip Code) ARYLAND	21207		
	20s. METHOD OF DISPOSITION 1 💢 Buriet 2 🗌 Cremetton 3 🗍 Removal from State 4 🗎 Donation 5 🗎 Other (Specify)	206. PLACE AND D. cemetery, crematory VOSHELL	ATE OF DISPOSITION MEMORIAL	N (Name of GARDEN		CATION — City or LTIMORE, M			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH 1101 E. NORTH AVENUE								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OR AS A CONSEQUENCE	CE OF):	EUMO	wig		Onset and Da		
MEDICAL	PART II. Other significant conditions contributing to  EDVID STAGE REN  METABOLIE EN  DIABETUS METH TUS  25. WAS CASE REFERRED TO MEDICAL	AL FA	lups t	WITH THE NEW	PERFOR	RMED?	ib. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNEB-OF DEATH  28a. OATE OF NJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  4 Netural 5 Pending								
8	2 Accident twestigation 3 Suicide 6 Could not be determined contained atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Queen	3 1	us.	P 19	MBER 502	29d. DATE SIGNE	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE  CREATED B. CONTROL  31. DATE FILED (Month, Day, Vear)  32. REDISTRA	E OF DEATH (ITEM 27)		New 7.	HWEST	HOSP ind	21133		

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BY

COMPLETED

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should

Pages 1, 2, 3

permit.

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PARTIES OF THE LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR was not access to be an signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	nation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	pecuted with	and complet	burial, cren	natic event
BOX	icate be e	physician	ne prior to	nuer traum
P.O.	eath certif	attending	ntal Hygier	y, or oth
RDS	hat the de	by the	and Men	ny Injury
SECO	requires t	en signed	of Health	shows a
TAL	The law	te has be	ate Dept.	ет 23 з
3	NA ST	complete	1	1 or 1
ONE	NG PA	the this	THE PER	marke
1181	ATTE	CTOP	s after	1 28 1
5	IAL DR	AL DIRE	72 hour	If Item
	HOSPIT	FUNER	within ,	TANT
	TO THE	TO THE	be filed	IMPOR

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JANUARY 05,1994 ARNOLD FRITZ MONSRUD 05:50 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 1/16/17 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 D F 050-07-2450 76 New York 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Moore North Carolina Pinehurst 1 XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 330 Sugar Pine Drive 28374 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES XX NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 XXYES 2 NO IF YES, GIVE WAR OR DATES WWII 1 Never Married 2 Merried BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) Management Airline 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Fritz Monsrud Gunhild Olstad BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 .M. Levy 8324 Tally Ho Road Lutherville, Maryland 21093 METHOD OF DISPOSITION

1 M Burlar 2 Cremation 3 XR

4 Document 5 Other (Section 1) 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Pine Lawn Cemetery 1/8 Southern Pines , N.C. 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home MMLS Dennis Stephen Xenakis M00640 6500 York Road Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart feilure. List only one cause on each line. Approximate interval Betw **IMMEDIATE CAUSE (Finel** Onset and Death disesse or condition resulting in death) . Prostate EA DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)						
1 YES 2 HO	HOSPITAL: 1 1 Impatient 2 ER/Outpatient	3 DOA	OTHE 4   Nu	ER: ursing Home 5 Residence 8 Other (Specify)			
27. MANNER OF DEATH  1 Tatural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	NE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEȘCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At	home, ferm,	street, fac	ctory, office	261. LOCATION (Street and Number or Rural Route Number,		

4 Homicide	determined	warrang, was (opposity)	City or rown, State)
29e. CERTIFIER	1 CERTIFYING PHYSICIAN:	To the best of my knowledge, death occurred at the lime, data and place, and due	to the cause(a) and manner as stated.

2 🗌	MEDICAL EXAMINER: On the beste of examination	end/or investigation, in my opinior	, death occured at the time,	date end place, end due to	the cause(a) and manner ee state	d.
-						

296. SIGNATURE AND TITLE OF CERTIFIED	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
2 Naul mo	L9706	115/94

30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	)	
July	HUDKINS	4050 t. 1	Bultimure od
		103016	Baltingenic
31. DATE FILED (Month, Day, Year)	13 A DISTRAR'S SIGNATURE		

CONTRACT SIGNATURE JAN 0 61994

		1. DECEDENT'S NAME (First, M. KIRK	iddle, Last)	M	OSLEY	MD					JANU		19	9 <sup>4</sup>	3. TIME OF DEATH 6:45 P M
		4. SOCIAL SECURITY NUMBER		5. SEX 1 (2) M 2 (1) F	6. AGE (In yrs. la		IF UNDER 1	YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE OF	_		BIRTHP Country)	LACE (State or Foreign
pinous		9a. FACILITY NAME (If not instit	ution, alve si	treet end number)	87		9b, CITY,	TOWN	PR LOCATI			5 19		Ark TY OF DE	ansas NTH
1. 2. 3 8	ÉCTOR	98. FACILITY NAME (If not institution, give street end number)  THE JOHNS HOPKINS HOSPITAL  PRESIDENCE OF DECEDENT  9c. COUNTY OF DEATH  BALTIMORE CITY  9c. COUNTY OF DEATH  BALTIMORE CITY													
iit. Pages	DIR	Maryland	Bal	Itimore Timonium										IOd. INSIDE CITY LIMITS? I YES 2 X NO	
it permit.	ERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH 2118 Woodfork Rd. 21093 USA													
21215-0020 al or attending physician. for use as the burial-transit	BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Me 3 X Widowed 4 Divorce	rried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	AR DR DATES	S 1 TYES 2 No Specify:					, Puerto Ric		or No-	USA 14. RACE - Black, Specify.	- American Indian, White, etc.
215-0 attending se as the	ED B	15. DECED	ENT'S EDUC	CATION	WW	ECEDENT'S U	SUAL OC	CUPATIO	ON		16b, K	IND OF BUS	INESS/INDO	JSTRY	
212- ital or att	1	(Specify only hi		College (1-4 or 5+)	) III	Give kind of wo	retired.)	uring mo	st of world	ing					
AND the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Midd	e, Last)	5+		Physic	cian		18. MOT	HER'S NAM		Medic			
# 8 2 Z	BE C	Wiley Thornt		18. MOTHER'S NAME (First, Middle, Maiden Surname)  Maude Greenlee							6.511.6				
MAR retained 5 should notified	10	W. Henry Mo			11	2118						city or Town		/	
ay be		20q. METHOD DF DISPOSITION		and trace State		AND DATEO	FDISPOSI	TION /Ne	me of	u.,	OATE	7	CATION — C		
O S S E		1 XBurial 2 Cressation 4 Donation 5 Other (Sc	g(4))	10	Niem	orial						Eni	d, 0	aklai	noma
SALTI r death. P e funeral al. examin	1	Loven	DR	1 Take	NO.		22. N	Len	nmor		chell-	-Wied		ium,	MD 21093
in 24 hours ely filled in the ration, or res	7	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	sses, or o	List only one caus	se on each iin	0.						C Dr respi	retory srre	est,	Approximate interval Batween Onset and Death
BOX 68760, ate be executed within sysician and completel prior to burial, crema r traumatic event,	CATION	disease or condition resulting in death)  a. Pulnamy ellers  Oue to (DR AS A CONSEQUENCE OF):  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING  OUE TO (DR AS A CONSEQUENCE OF):  OUE TO (DR AS A CONSEQUENCE OF):													
P.O. th certific ending pt Hygiene or othe	RTIFI	CAUSE (Disease or injury that initiated events resulting in desth) LAST	1	DUE TO (	DR AS A CONSE	QUENCE DF)	:								
RDS, at the deal by the att and Menta y injury,	AL CE	PART ii. Other significant	condition	s contributing to	death but not	resulting in	the unc	derlying	g cause	given in F	Part i. 2	4a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
RECOR requires that een signed b of Health an shows any	4: MEDICAL										_	YES 2		0	COMPLETION OF CAUSE OF DEATH?
	PHYSICIAN:	25. WAS CASE REFERRED TO A EXAMINER?	IEDICAL	HOSPITAL:			OTHER		ACE DF D	DEATH (Chec	ck only one)				
No.	HYSI	1 YES 2 NO		1 28a. DATE OF			4 🗆 Nursi			esidence 8		Specify)	NJURY OCC	URED	
ON O DING PH After the death with	ВУ Р	1) Netural 5 Per 2 Accident Inv	nding estigation	(Month, Da	y, Year)	INJU	RY M	WO	PRK?						
TTENDI TT	ETED E	2 Accident  3 Suicide S Could not be building, stc. (Specify)  28s. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28s. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State)									ute Number,				
TAL OF TAL OF TA DIS	COMPLE	onal		CIAN: To the beat of ex.											end manner ee stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE	29b. SIGNATURE AND TITLE DI	l E	1.	MID.				TIL	H LC	11/1		N /	12 10	Month, Day, Year)
20		30. NAME AND ADDRESS OF P	E. L	O COMPLETED QUIS  DENG  32. REGISTRAF  4  Juliu	SOD N	W 27) (Type, 1	Fe S	ît,	John	us H	ekin	s Ho	plains	BA	lpriore of
No.		31. DATE FILED (Month, Day, Yea  JAN 0		4 32. REGISTRAL	Sendan-	Rudard	_								

l.r.b.

1 - FOR STATE REGISTRAR

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-708 2/18/94 t.t

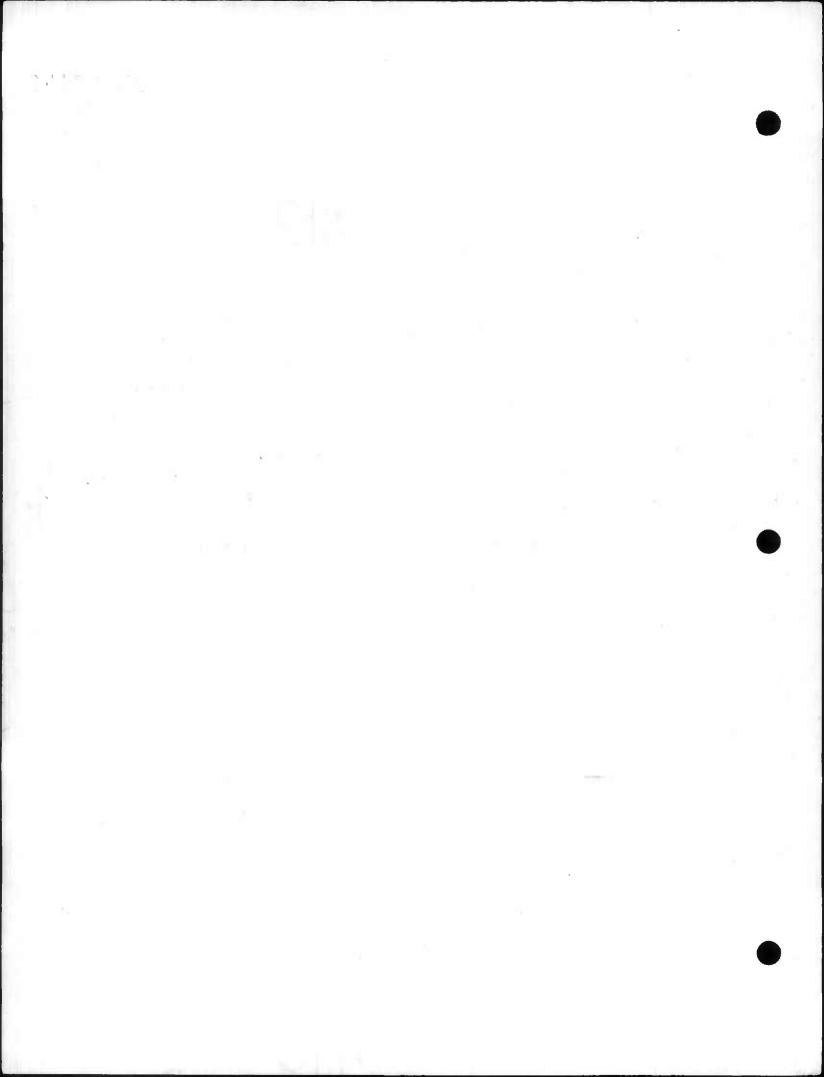
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1994<sup>EAR</sup> МОНТН DAVID McKeegan MORRIS 01 9:40P 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year, DAYS HOURS 1 📈 M 2 🗌 F 219-17-8640 ugust Maryland Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GARRETT COUNTY MEMORIAL E.R. OAKLAND Garrett RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto. Cockeysville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 19 Dellwood Ct. U.S.A. 21030 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
if yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married FORCES? 1 YES 25
IF YES, GIVE WAR OR DATES 2X XNO Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 a) 9 Student School once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Stephen Alan Morris notified at McKeegan Deborah BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Stephen Alan Morris Same as 10e pe 20s. METHOD OF DISPOSITION
1 ☑ Burlei 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must cometer/crematory or other place)
Diviancy Valley Mem. Grdns 1/5/ 4 Donstion 5 Other (Specify) 94 Timonium , Md. examiner 21, SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY ours after death. 1050 York Rd. 21204 1 on al Ruck Towson Funeral Home, Inc. filled in by the four or removal, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Between completely filled rial, cremation, o IMMEDIATE CAUSE (Final Onset and Death the disease or condition CARDIAC ARRHYTHMIA DUE TO BLUNT FORCE IMPACT TO CHEST reaulting in death) traumatic event, SION OF VITAL RECORDS, P.O. BOX 68760, explotted with DUE TO (OR AS A CONSEQUENCE OF): and com CERTIFICATION Sequantially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING certificate be prior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants graphetta reaulting in death) LAST 6 Mental PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 8 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AWAILABLE PRIOR TO COMPLETION OF CAUSE any 1X YES 2 NO OF DEATH? shows 1 TYES 2 T NO PHYSICIAN: hat to Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only on Hem HOSPITAL:
1 | Inpatient 2X ER/Outpatient 3 | DOA certificate Stelle OTHER: 1 XYES 2 NO NOING PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) # 8 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCR/BE HOW INJURY OCCURED marked, 報報 1 Netural 1-1-94 7:35 1 YES 2)(X) NO Anter 1 death BY SUBJECT FELL WHILE SKIING 2 XX Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be COMPLETED ğ 4 Homicide 22 WISP SKI SLOPE MCHENRY, MARYLAND 8 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. TO THE FUNER TO THE FUNER THE FIRM WITHIN 72 IN 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29h SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE le WW) O.C.M.E. 01/02/1994 Une 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARION 21201 DIVORECO 111 Penn Street, Baltimore, Maryland 32. REGISTRAR'S SIGNATURE

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OHMH-16 Ray 1/89



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1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last NICHOLAS -	T. Naglieri		MON	1-3-199	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  220-13-5808  90. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F 6.5	YRS. MONTHS DAYS	HOURS MIN. (Mo	nth, Day, Year) - 2 - 1928	BIRTHPLACE (State or Foreign Country),  Y OF DEATH		
	FRANCIS SOLH	Key M. C.	Br	14 more	Sc. COUNT	OF DEATH 7		
DIRE	10a, STATE 10b, COUN	7	10c. CITY, TOWN OR LOCATION	IMORE ZIP CODE		10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
FUNERAL	ATT OF THE PARTY OF THE PARTY.	Rtod Avenue T12. WAS DECEDENT EVER IN U.S. ARME		21224 ENDENT OF HISPANIC ORIG	u	1.5.A.		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES	If yee, spec	city Cuben, Mexican, Puerto 2 Specify:		Black, While, etc. Specify: WK/Y		
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed) (Give	DENT'S USUAL OCCUPATION kind of work done during most of NOT use retired.)	N 11 t of working	Bethle			
	17. FATHER'S NAME (First, Middle, Lest)	Vaglieri	=mployer	18. MOTHER'S NAME (First	, Middle, Meiden Surneme)	dacini		
2	DORIS Lo	NAGLIERI 3	405 Lec	Number or Rural Route Nu	mber, City or Town, State, Zip Co	6 Hd 2122		
	20g. METHOD OF DISPOSITION 1 B Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	OF	DOATE OF DISPOSITION (Name tory or other place) EKLAWN	cen	BA160.	y or Town, State  MARY / A		
examilia	21. SIGNATURE OF FUNERAL SERVICE I	January Barren	Jose 263	on N. Zani S. Conkli	nino Jr. Fi	neral Honto Md. 2		
CERTIFICATION	iMMEDIATE CAUSE (Figal disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENT DUE TO (OR AS A CONSE	Cul Cs	m(a)		Onest and I		
MEDICAL	PART II. Other algnificant condition	one contributing to death but not rea	ulting in the underlying	ceuse given in Part i.	24e. WAS AN AUTOPSY PERFORMED? 1 ∰ YES 2 ☐ NO	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3	OTHER:	ACE OF DEATH (Check only				
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WOR	IRY AT 28d. D	ESCRIBE HOW INJURY OCCU	RED		
		uicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28l. LOCATION (Street and Number or Rural Route Number, building ste, (Specific)						
COMPLETED	v v	SICIAN: To the best of my knowledge, death VER: On the basis of examination end/or inv						
BE	290. SIGNATURE AND THE OF CONTIN	2 / M	4	29c LICENSE NUMBER	8 29d. DATE S	BIGNED (Month, Day, Year)		
٩	NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEATH (ITEM 2	S- HI	gh and	Are &	1224		
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  LAN 0 6 1904  Sulia Beviden Rando							

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meate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

IMPORTANT: It lies 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### A SOCIAL SECURITY HUNDER  4. AD COLLET SECURITY HUNDER  5. SEX  1.	1 1. DECEDENT'S NAME (First, Middle   ast)				REG. NO	·		
See PROCEEDING OF CREATERS OF SHOWNING AND ADDRESS OF SHOWNING OF DEATH  See PROCEEDING OF CREATERS OF SHOWNING OF SHOWNING OF DEATH  See STREET AND ROWSER  SEE		D.	OLLIE		2. DATE OF DEATH		1 1.111	
S. FACHTY NAME of minimizing the end of numbers of section of numbers of numb	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In				B. Bif	TTNPLACE (State or Foreign	
THE BURNEY OF DECERTION THE BURNEY THE BURNE	46-34-5220	,	79 YRS. MONTH	B DAYS HOURS MIN.	1101	4	Va	
100. BYTHE WAS NOW NOW AND THE STATE OF THE	Saint Agn	11 -1	A E	a (to	DEATN	N 9c. COUNTY OF D		
TI MANTAL STATUS  TI MANTAL STATUS  TI MANTAL STATUS  TO MORE CECEDITY EVER IN U.S., ANAMED  TO MORE THE THE STATUS  TO MORE THE STATUS  THE STATUS  THE MANTAL		Y	Bal	N OR LOCATION	Yay K		LIMITS?	
S. DECEDENTS SOUCHION   South WARD ON DATES   SOUTH WARD ON DATE OF DISPOSITION (Fire single)   South WARD ON DATE OF DISPOSITION   South WARD ON DATE OF DISPOSITION (Fire single)   South WARD WARD ON DATE OF DISPOSITION (Fire single)   South WARD WARD WARD WARD WARD WARD WARD WARD		ton Ane		460	29	10g. CITIZEN O	S.A	
Continued Completed   Continued Completed   Continued	1 Never Merried 2 Merried	FORCES? 1 YES	2 XNO	If yes, specify Cuben, Mexic	en, Puerto Ricen, etc.)	В		
The propagate plant plant (propher)  190. MALING ADDRESS (Street and Number or Partit Route Number CP) or Town, Stein, It Code)  200. PLACE AND DATE OF DISPOSITION Number of Partit Route Number, CP) or Town, Stein, It Code)  210. PLACE AND DATE OF DISPOSITION Number of Partit Route Number, CP) or Town, Stein Completed or piece pieces of piece pieces of piece pieces of piece pieces of piece pieces of piece pieces of pieces	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work do	ne during most of working	18b, KIND OF BU	JSINESS/INDUSTRY		
198. MAILING ADDRESS (Street and Mumber or Rural Route Number, City or Bern, State, 25 Code)  See, METHOD OS IMPOSITION 1   Service   Description   Descript		Tohnson		16. MOTNER'S N	AME (First, Middle, Melder	n Surname)	/	
The properties of the product of the		// •	19b. MAILING ADDRI	ESS (Street and Number or Rura	Route Number, City or To	wn, State, Zip Code)		
1 N. Burte 1 2 Cremation 3 Removal from State Campdidy completely or other pieces of the (Specify)  21. SIGNATURE OF FUNERAL SERVICE UCENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY  24. NAME AND ADDRESS OF FACILITY  24. NAME AND ADDRESS OF FACILITY  25. NAME AND ADDRESS OF FACILITY  26. LICENSE (Finel diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc Dr respiratory arrest, interval Betwoon one of the death. Do not enter the mode of dying, such as cerdisc Dr respiratory arrest, interval Betwoon one of the death. Do not enter the mode of dying, such as cerdisc Dr respiratory arrest, interval Betwoon one of the death. Do not enter the mode of dying, such as cerdisc Dr respiratory arrest, interval Betwoon one of the death of the	Gladys Col	lins	4201 1	naine Au	10al	to, red	21207	
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  MMEDIATE CAUSE (Finel diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, infervel Betwo Onset and Da Cause. Control of the Cause of the Cause (Finel Manual Action of the Cause Cause).  DUE TO (OR AS A CONSEQUENCE OF):  LEFT FLATH ILLUMINGT  DUE TO (OR AS A CONSEQUENCE OF):  DU	1 Burtel 2 Cremation 3 Rem		fer, cremetory or other place		18/94 A	Dute A	Town, State	
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or reaphratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  IMMEDIATE CAUSE (Time)  Sequentially list conditions, if any, leading to immediate cause. Enter NDERLYING  CAUSE (Disease or condition)  If any, leading to immediate cause. Enter NDERLYING  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  LEFT FLATAL INTURNATION  DUE TO (OR AS A CONSEQUENCE OF):  LEFT FLATAL INTURNATION  DUE TO (OR AS A CONSEQUENCE OF):  LEFT FLATAL INTURNATION  DUE TO (OR AS A CONSEQUENCE OF):  LEFT FLATAL INTURNATION  DUE TO (OR AS A CONSEQUENCE OF):  LEFT FLATAL INTURNATION  DUE TO (OR AS A CONSEQUENCE OF):  LEFT FLATAL INTURNATION  JURIS 2 [NO DEATH OF CAUSE OF CA	. 0, 0	CENSEE Www	اً (مور		1. West	Due		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Intilated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS	shock, or heart fallure.  IMMEDIATE CAUSE (Finel	List only one cause on ea	ch line.					
PERFORMED?    YES 2   NO   NAME AND DODDESS OF PERSON WHO COMPLETED CAUSE OF GRATH (VEN 27) (Fig. April)    PERFORMED?   AMAILABLE PRIOR TO COMPLETED CAUSE OF GRATH (VEN 27) (Fig. April)		DUE TO (OR AS A	CONSEQUENCE OF):				Onest and Dr	
PERFORMED?    YES 2   NO   NAME AND DODDESS OF PERSON WHO COMPLETED CAUSE OF GRATH (VEN 27) (Fig. April)    PERFORMED?   AMAILABLE PRIOR TO COMPLETED CAUSE OF GRATH (VEN 27) (Fig. April)	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):				Office and D	
EXAMINER?  1 YES 2 NO  1 Solution  27. MANNER OF DEATN  1 Netural 2 Accident 3 DOA 4 Normicide  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY 1 YES 2 NO  28b. DATE OF INJURY 28b. TIME OF INJUR	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	KOMONNHAGE	n Part I. 24a, WASA	N AUTOPSY 2		
1   YES 2   NO   1   Inpettent 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATN 1   Natural 5   Pending investigation 3   DOA   286. DATE OF INJURY (Month, Dey, Year)   286. TIME OF INJURY AT WORK? 1   YES 2   NO   286. DESCRIBE NOW INJURY OCCURED  286. PLACE OF INJURY — At home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  286. PLACE OF INJURY — At home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  286. PLACE OF INJURY — At home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  286. PLACE OF INJURY — At home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  286. PLACE OF INJURY — At home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  286. DESCRIBE NOW INJURY OCCURED  286. DESCRIBE NO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition the presentation	DUE TO (OR AS A O	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	KOMONNHAGE	PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
1 Natural 2 Accident 3 Suicide 4 Nomicide 6 Could not be detarmined  2 Natical Residual State of State	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  WALTHUME  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CONTRIBUTION OF A CONTRIBUTION OF A CONTRIBUTION OF A CONTRIBUTION OF AS A CONTRIBUTION OF A CONTR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	HOMONE HAGE underlying ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
2 Accident 3 Suicide 4 Nomicide 5 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURIE AND TITLE OF CERTIFIER  ADJICAL PLANDENT 29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition HYPEMENSION SEIRUME  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A ODUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the	underlying ceuse given in  28. PLACE OF DEATH (C	PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
29s. CERTIFIER (Check only one)  29b. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITIZE OF CERTIFIER  ARTICAL RESIDENT  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Dex, Year)  10 NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF GENTH (VIEW 2) (Tex Opinion)	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  ###################################	DUE TO (OR AS A OF AS	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the	underlying ceuse given is  28. PLACE OF DEATH (C ER: turning Home 5 □ Rasidence  28. INJURY AT WORK?	PERFO 1 YES	PRMED? 2 ∰ NO	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
29b. SIGNATURE AND TITLE OF CERTIFIER  WEDICAL RESTORAT  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dev. Year)  10 - 05 - 94	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition the protection of the condition of	B. DUE TO (OR AS A OLD TO (OR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the  tient 3 □ DOA	underlying ceuse given is  26. PLACE OF DEATH (C ER: turning Home 5   Residence 28c. INJURY AT NORK? 1   YES 2   NO	PERFO 1 YES  theck only one) 6 Other (Specify) 26d. DESCRIBE NOW	INJURY OCCURED	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 7NO	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH JUTEM 22 Close Origin	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  PART III. Other significent condition  PART II. Other significent	DUE TO (OR AS A OLITHIA DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the  tient 3 □ DOA □ OTH  28b. Time OF  INJURY  M  At home, farm, street, if	underlying ceuse given is  28. PLACE OF DEATH (C) ER: turning Home 5   Residence 28. INJURY AT WORK? 1   YES 2   NO sectory, office	PERFO  1 YES  theck only one)  6 Other (Specify)  26d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State	INJURY OCCURED	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 7NO	
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  WATERLANDE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A OF INJURY (Month, Dey, Year)  DUE TO INJURY (Month, Dey, Year)  COLAN: To the best of my knowle in the basis of examination in	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the  At home, farm, street,	underlying ceuse given in  28. PLACE OF DEATH (C  ER: turning Home 5   Residence  28c. INJURY AT WORK? 1   YES 2   NO  actory, office  e time, data and place, and du y opinion, death occured at the	PERFO 1 YES  theck only one)  6 Other (Specify)  26d. DESCRIBE NOW  28f. LOCATION (Street City or Town, Start to the cause(s) and me e time, data and placa, a	INJURY OCCURED  and Number or Rur  anner as stated.  ind due to the caus  29d. DATE SIGN	ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  al Route Number,	

men speed by the attending physician and completely filled in by the funeral director, page 5 should be detache	or Health and Wental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ad in	Dept	23 8
Scale h	制品	Item
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or this	1	narket
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B	1	28
- 160		
DIRE	hour	Hem
ERAL DIRE	in 72 hours	T. If Hen
FUNERAL DIRE	within 72 hours	STANT: If item
THE FUNERAL DIRE	filed within 72 hours	POSTANT: If item
	TION Are this common that he may be the attending physician and completely filled in by the funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR when this confinction has been separal by the attending physician and completely filled in by the funeral director, page 5 should be detache the fined within 72 hours after dense. or team the base Dec. or team and Martal Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE REG. N		94	00146	
	1. DECEDENT'S NAME (First, Middle, Last),	Mary Rec	ina			2. DATE OF DEATH		YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217-64-2711  9a. FACILITY NAME (If not institution, give a	1 □ M 2 🖔 F 8	36 YRS.	FUNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 1,		MAR	ACE (State or Foreign YLAND	
TOR	Dulaney Towson N				Wson	BALTIMORE				
DIRECTOR	10a. STATE 10b. COUNT	LTIMORE	10c. CITY, 1	OWH OR LOCAT	ION		Dd. INSIDE CITY LIMITS?  YES 2 NO			
FUNERAL	3004 Woodside	Avenue		101	21234		EN OF WH	AT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 10	If yes, spe	ENDENT OF HISPA belty Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify ' in, Puarto Rican, etc.) y:	Yes or No—	Specify:	- American Indian, White, atc.	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	N st of working		USINESS/INDU			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  Edward Francis	Mulgrew	Hous	ewife		ME (First, Middle, Maid Jane Murph			+++	
TO BE	19a. INFORMANT'S NAME (Type/Print)  John P. O'Hagan				nd Number or Rural	Route Number, City or 1 e Cockeys	own, State, Zip (		21030	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI  Martin D.	CENSEE	Mews.	Lemmo	n-Mitche			nc.	MD 21030	
NC	23. PART I. Enter the diseases, prahock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly liet conditione,	Elet only one ceuse on ea		enter the mo	de of dying, euc	th ee cerdlec or red	epiratory erre	st,	Approximate Interval Between Onset and Death I hawa	
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NO 101	nie an	cirm	>		-		6 months	
MEDICAL	PART II. Other eignificent condition  Lythour curshood  Minutesting	ns contributing to deeth but in far of in	it not resulting in	the underlying	g ceuse given in	PERF	AN AUTOPSY FORMED?	6	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	itlant 3 DOA 4	THER:	ACE OF OEATH (C	8 Other (Specify)			177	
ВУ РНУ	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ	URY AT	28d. OESCRIBE HO	W INJURY OCC	URED	7 3	
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Speci	— Al home, farm, str	set, factory, offic		281. LOCATION (Stre City or Town, Str		or Rural Ro	ute Number,	
COMPLETED	one)	ECIAN: To the best of my knowle							and manner as stated.	
TO BE C	29b, SIGNATURE AND TITLE OF CENTER	andy			D-12	H967	29d. DATE	SIGNED (I	Month, Day, Year)	
		TH. MD. E	7709 H.	arint) Arford	Ro.	BALTIM	CKE,	MD.	21234	
	JAN 0 6199	4 DESILITATION SIGNA	TURE Rudell							

JAMES HE

TO BE

DONNED W. M 31. DATE FILED (MONTH), Day, Year) JAN 0 61994

1. DECEDENT'S NAME (First, Middle,		Edward	Walla	ace Oe	est		- 1	DATE OF OEATH	944	YEAR 2:25			
4. SOCIAL SECURITY NUMBER	5. SEX		yrs, last birthday)	IF UNDER 1	1 VEAQ	IF UNDER 24 H	-	DATE OF BIRTH		B. BIRTHPLACE (State or Fo	M		
705-05-276	- 1		YRS.	MONTHS			HN.	(Monthy Day, Year)	5	Country) Maryland	Augii		
9a. FACILITY NAME (If not institution, EDEN WALD		NT HOL	VIE.			LOCATION C		н		9c. COUNTY OF DEATH BALTIMORE			
RESIDENCE OF DECEDEN		1 1101	V / 6		100	150N			I PHI	TITION E	-		
MD	altimore		10c. CI	Tows of		ON			1. 1	10d. INSIDE CITY LIMITS? 1 YES 2 2			
10a. STREET AND NUMBER					_	ZIP COOE			10g. CITIZI	EN OF WHAT COUNTRY?			
800 South						2128				U.S.A.			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	DENT EVER IN U 1 TYES E WAR OR DATE	2 X NO	H	f yes, spec		laxican, F	ORIGIN? (Specify Puarto Rican, atc.)	Yea or No-	14. RACE — American Indi Black, White, etc. Specify:			
15. DECEDENT	EDUCATION	11	6a. DECEDENT'S	S USUAL OC	CCUPATION	N		16b. KIND OF I	BUSINESS/INDU	Whit	e		
(Specify only highest Elementary/Secondary (0-12)			(Give kind of life. Do NOT u	work done di use retired.)	during most	t of working		TODA TAMES OF T	2 2.112.00/11100				
	2 vrs	,	Trave	el Age	ent			B & 0	Railr	coad			
17. FATHER'S NAME (First, Middle, La	st)					18. MOTHER	'S NAME	(First, Middle, Malo	en Sumame)	10/01			
William	Oest						elia			nown			
19a. INFORMANT'S NAME (Type/Print	)		19b. MAILIN	G ADDRESS	Street and	d Number or F	Rural Rou	te Number, City or	own, State, Zip (	Code)			
Mre Dorothy S	Oest							INC SCHALLES TO					
Mrs. Dorothy S.  20s. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 C  4 Donation 5 Other (Specify  21. SIGNATURE OF PUMERAL SERV	Removal from State	of cer		me as TEOFDISPO Ty or other pla Park (	#10 osition ( place) Cemet	(Name	L/6/	DATE 20c.		ity or Town, State			
20s. METHOD OF DISPOSITION 1 Spuriel 2 Cremetion 3 C 4 Donation 5 Other (Specify	Removal from State  CE LICENSEE  s, Dr complicatione lure. List only one	of cer	San PLACE AND DA metary, cremator raine E	me as TE OF DISPO	#10 osition ( olace) Cemet NAME AND	tery 1 D ADDRESS O	L/6/ of facil	DATE 20c. 94 Wo	odlawn ome, In	Maryland 1050 Yor nc.Towson,M	d. 21 iste		
20a. METHOD OF DISPOSITION  1 Spuriel 2 Cremation 3 4 Donation 5 Other (Specify  21. SIGNATURE OF PUREFALL SERVI  23. PART i. Enter the diseases shock, pr heert fe immediate CAUSE (Finel disease or condition	DE LICENSEE  B, Dr complicatione lure. List only one DUE  b. DUE	that caused a control of as a control of a control of a control of a control of a control of a control of a control of a control of a control	San PLACE AND DA metary, cremator raine E	ne as TE of Dispor Ty or other play Park (  22. N  Ru  not enter	#10 osition ( olace) Cemet NAME AND	tery 1 D ADDRESS C	L/6/ OF FACIL 1. Fu:	DATE 20c. 94 Wo	oodlawn	1050 Yor. 1050 Yor. 1050 Towson, M. Approximents interval E	d. 21 iste		
20a. METHOD OF DISPOSITION  1 Sy Burlel 2 Cremation 3 2  4 Donation 5 Other (Specify  23. PART i. Enter the disease shock, or heert fe immediate or condition resulting in deeth)  Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE  b. DUE  c. DUE  d	that caused to long as a control on a control on a control	Sam PLACE AND DAT metary, cremator raine I he death. Do h line.  ONSEQUENCE O	ne as TE of Disport Ty or other play Park (  22. N  Ru  not enter	#10 OSITION (Inlace) Cemet NAME AND The mod	Name tery 1 D ADDRESS OF TOWSOM de of dying,	L/6/of FACIL	DATE 20c. 94 Wo ITY  neral Ho as cardiac or re	oodlawn	1050 Yor. 1050 Yor. 1050 Towson, M. Approximents interval E	d. 21 liste between d Death		
20a. METHOD OF DISPOSITION  1 Spuriel 2 Cremation 3 2  4 Donation 5 Other (Specify  23. PART i. Enter the disease shock, or heert fe immediate Cause (Finel disease or condition resulting in deeth)  Sequentielly list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE  d. ditions contributing	that crue days of the control of the	Sam PLACE AND DAN metary, cremator raine F  he death. Do h line.  ONSEQUENCE of consequence of c	ne as TE OF DISPO TY OF 1  THE OF DISPO TY OF 1  THE OF DISPO TY TY TY TY TY TY TY TY TY TY TY TY TY	#10 OSITION (Interest of the model) The model of the mode	Name tery 1 D ADDRESS OF TOWSON To of dying, Cause give	of Facility, such a	DATE 20c. 94 Wo ITY  neral Ho as cardiac or re	oodlawn ome, In spiratory srre	24b. WERE AUTOPSY I AWAILABLE PRIO COMPLETION DE OF DEATH?	d . 21 sete detween d Death		
20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 2  4 Donation 5 Other (Specify  23. PART i. Enter the disease shock, or heert fe immediate cause (Finel disease or condition resulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST  PART II. Other algnificent conditions or conditions or conditions.	Be DE LICENSEE  B. D. Complicatione liure. List only one  a. DUE  b. DUE  d. DUE  d. HOSPITAL  1 Inpatient  28a. DATE  (Morti	that crue days of the control of the	Sam PLACE AND DAT PROTECTION TO THE PROTECTION T	ne as TE OF DISPOS  PATR  22. N  RU  not enter  oF):  g in the un	#10 OSITION (Inlace) Ceme to NAME AND the mod the mod derlying 26. PL/R: raing Home 28c. WJU	TOWSOM  Towsom	or Facility, such a suc	DATE 20c. 94 Wo ITY  neral Ho as cardiac or re	oodlawn ome, In spiratory srre	24b. WERE AUTOPSY IN COMPLETION DE OF DEATHY 1 YES 2	d. 21 liste between d Death		

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BALTIMORE, MARYLAND 21215-0020

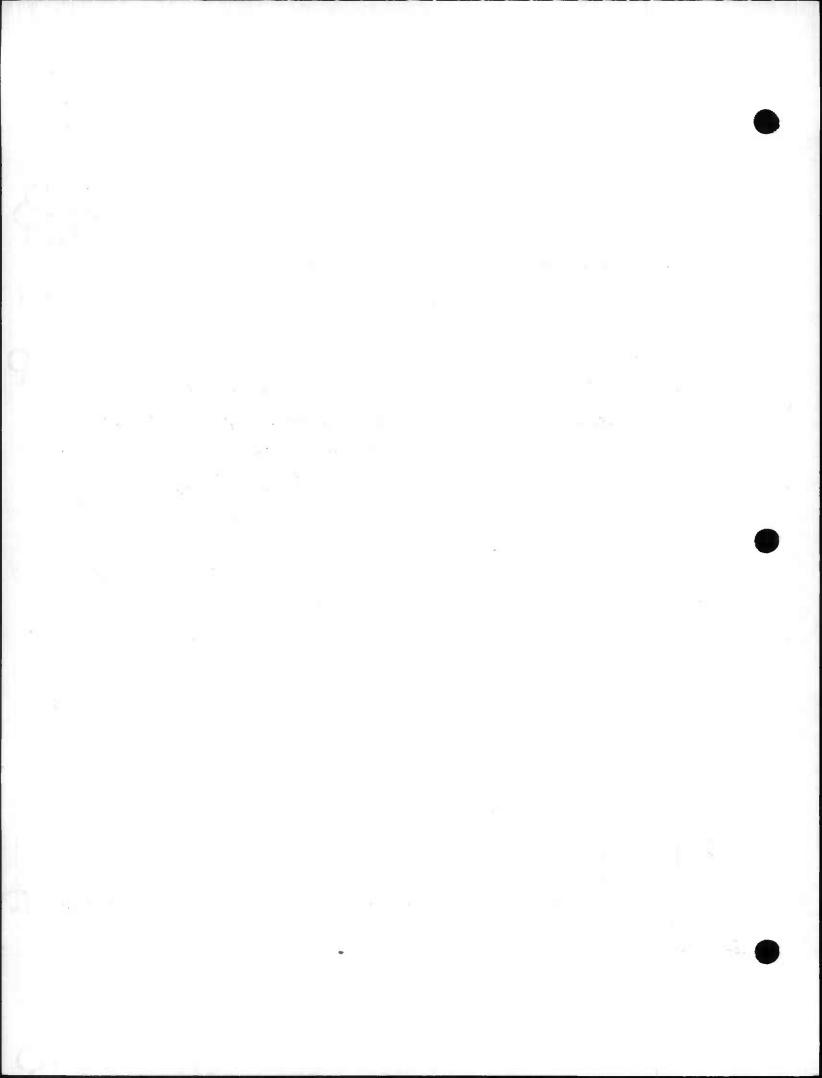
DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Hazel May Oliver 2. DATE OF DEATH 3. TIME OF OFATH HAZEL OLIVER 0 1 0.5 94 5:49 A. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 88 214-30-2567 1 M 2 X F Aug. 15, Virginia 1905 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1425 OLD STEPNEY ROAD ABERDEEN HARFORD COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City N/A 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5906 Greenhill Avenue 21206 U.S.A. funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Married BY 3 🖾 Widowed 4 🗌 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 6th Grade Home Maker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 William A. Wiseman Margaret Wiseman BE notitied 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan H. Pfister 5906 Greenhill Avenue, Baltimore, Maryland 21206 hours after death. Page 6 may be Pe 20a. METHOD OF DISPOSITION
1 (X Burla) 2 (Cremation 3 (Rem 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must Oak Lawn Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 1/8/94 Baltimore, Maryland examiner John C. Miller, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 6415 Belair Road, Baltimore, Maryland 21206 filled in by the medical 23. PART I) Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. terval Between 20 IMMEDIATE CAUSE (Final Onset and Death event. the cremation, disease or condition resulting in death) signed by the attending physician and completely in Health and Mental Hyglene prior to burial, cremation Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. The law requires that the MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE any T YES 2 NO OF DEATHS shows a 1 - YES 2 NO been of of certificate has being the State Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL HOSPITAL OR ATTENDING PHYSICIAN:
FUNERAL DIRECTOR; After this certificat
within 72 hours after fleath with the second OTHER t X YES 2 □ NO 1 Dispetient 2 DER/Outpetient 3 DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 0 27, MANNER OF DEATH 28s. DATE OF INJURY 36c. INJURY AT WORK? 284. DESCRIBE HOW BUILDING OCCURRED 28b. TIME OF marked, 1 XNeturel I YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rurel Route Number City or Town, State) S 6 Could not be COMPLETED 28 4 Homicide Hem 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my h death occurred at the time, date and place, and due to the cause(s) and manner as stated. = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II on, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 1-5-1994 2 MD . TILL Penn Street, Baltimore, Maryland 21201 M T N E D 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21215-0020	ther death Dans & may be retained by the honeists or attending the chaining
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BALTIMORE, MARYLAND 21215-0020	Cours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deor, of Health and Mental Hydene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deat. of Health and Mental Hydene prior to burial, cremation, or removal.	

94 00149 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First					IOAIL	01	DLA		2. DATE OF DEATH		YEAR	3. TIME OF DEATH
		THERIN		MS PAUL						JANUARY			
	4. SOCIAL SECURITY NUMBER 219-68-88		5. SEX	8. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH	56	8. BIRTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not in	nstitution, give :	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH				ATH	9c. COUNTY OF DEATH		
DIRECTOR	Greater Ba	ltimor	e Medica	1 Center		Towson					Baltimore		
EG	10a. STATE	10b. COUNT	Υ		10c. CIT	CITY, TOWN OR LOCATION					10d. INSIDE CITY		
-	Md.		derick		New	w Market							LIMITS? 1 YES 2 NO
FUNERAL	6714 Me	awn Cir		101. ZIP CODE 21.774				10g. CI1	SA				
B	11. MARITAL STATUS  1 Never Merried 2   3 Wildowed 4 Dive	12. WAS DECEDEN FORCES?		- 1	yes, sp	ecity Cubi	n, Maxica	NC ORIGIN? (Specify in, Puerto Rican, stc.)	Yea or No—	14. RACE Black Speci	— American Indian, White, etc.  White		
	15, DEC	EDENT'S EDU	ICATION completed)	16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON set of worki	na	16b, KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (	-	College (1-4 or 5	+)	. Do NOT us	1 WC				Sta	te of	f Md	
8	17. FATHER'S NAME (First, A	fiddle, Last)						_	HER'S NA	ME (First, Middle, Maid	len Surname)		
2	Edwar	d Bar	rington	Paulh	amus			1	lary	Davis			
BE	19a. INFORMANT'S NAME (		- 8				(Street a	ind Numbe	r or Rural I	Route Number, City or	Town, State, Z.	ip Code)	
2	E.Thaddeu				380	8 G1	cee:	nmou	int	Ave. Ba	lto.	Md.	21218
	20a. METHOD OF DISPOSIT  1 Burial 2 X Crematic  4 Donation 5 Other		noval from State	20b. PLACE cemetery, cre	ematory or o	ther placel			nc.		LOCATION -		wn, State
	21. SIGNATURE OF FUNERA	02	MacNab	The		Ĉr.	ema	ND ADDRE	ss of fa	ociety (	of Md	l., :	Inc.
CERTIFICATION	disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust that initiated events	diate	b. Pres	OR AS A CONSE	QUENCE OF	10 TU	sh I	iP	CP, A	D's			2 m/c 5 4R;
	PART II. Other signification		d	1	11	A 100	derfyln	g ceuse	given in	Part I. 24a. WAS	AN AUTOPSY	24b	WERE AUTOPSY FINDIN
I: MEDICAL	Inho	2 full	l diAY	10 mg N	801	Ris					2 XNO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED T						26. PI	LACE OF C	EATH (Ch	eck only one)			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER		10 5 A	saldence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATN  1 Netural 5	Pending	28a. OATE OF		26b. TIM		28c. INJ WC	PURY AT ORK?		28d. OEŞCRIBE NO	W INJURY O	CCURED	
IED BY	2 Accident 3 Suicide 6 4 Homicide	investigation Could not be determined	28e. PLACE (building.	OF INJURY — At he stee. (Specify)	ome, farm,	street, facto				281. LOCATION (Stre City or Town, Str	net and Number ate)	er or Rural F	loute Number,
E COMPLETED	onel	ICAL EXAMIN	ER: On the beele of a					leath occu			, and due to t	the cause(s	) and menner as stated (Modith, Day, Year)
10 8	30. NAME AND ADDRESS O	ELL.	10 COMPLETED CAN	SE OF DEATH (ITE	M 27) (Type	, Print)	0	1	10-11	709 1. W. D	+ /	1/5 RAD	194 - M
	31. DATE FILED (Morth, Day,	(994	fulia ben	dison Rand	L. 80.	) 3	30	/ -	Jew!	501/ 0			( )

\_\_\_\_\_ Mount Ave. Balto. Md. 21218

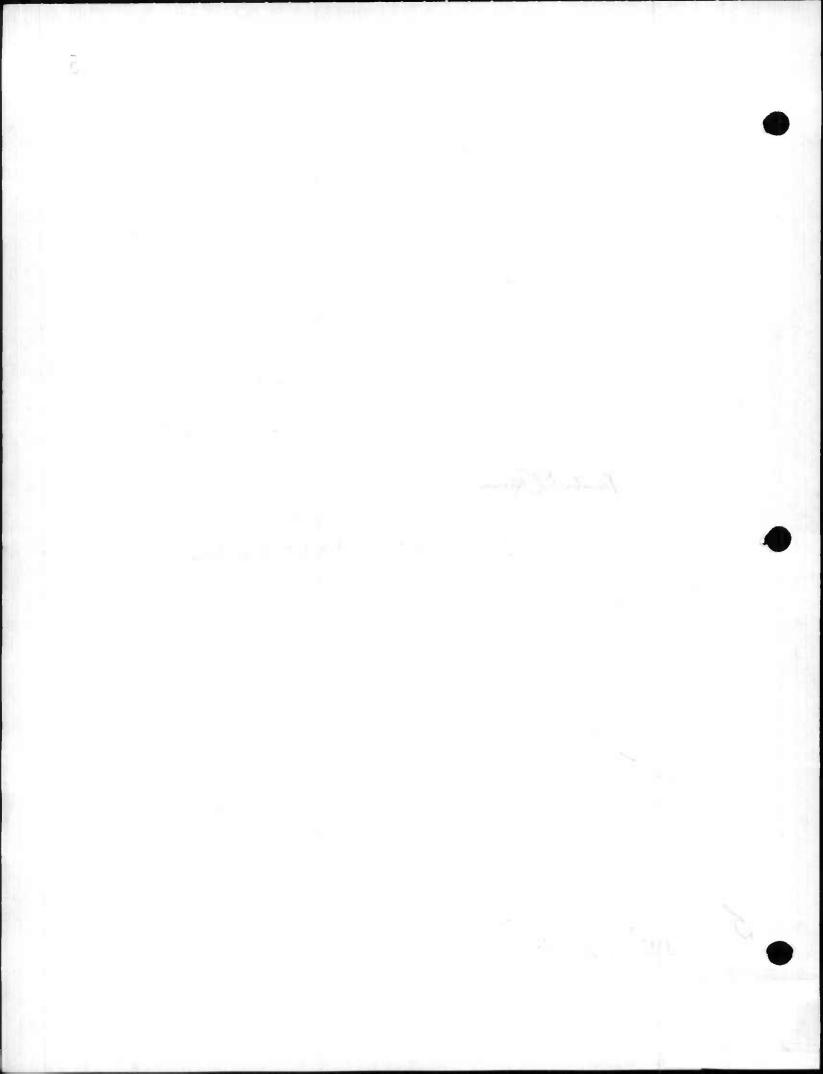
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D	DEATH			3. TIME OF DEATN
	James	Henry	Rosier							Jan.	5, 1	994	YEAR	12 Noon
- 1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF R	URTH		6. BIRTH	IPLACE (State or Foreign
	213-36-84	99	1 M 2 F	56	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 1	7. Year)	937	Count	RYLAND
	9e. FACILITY NAME (If not in	stitution, give a	street end number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DEA		, ,	9c. COUNTY OF DEATH		
NG.	219 Wa	rren R	load			۱ ،	ocke	ysvi	11e			1111111111	LTIM	
5	RESIDENCE OF DEC	CEDENT					OCIC	- 7 0 4 1				DI		OKE
DIRECTOR	10e. STATE	10b. COUNT			10c. C/7	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	MARYLAND	BALTI	MORE			COCK	EYS	ILLE	Ξ					1 YES 2 NO
3AL	10e. STREET AND NUMBER						10	I. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	219 Warr	en Roa	ıd					2103	30				US	A
5	11. MARITAL STATUS  1 Never Merried 2 X	Married A		T EVER IN U.S. AR		13.	WAS DEC	ENDENT (	OF HISPANI	C ORIGIN? (Sp , Puerto Rican	pecify Yes	or No-	14. RACE	E — American Indien, k, White, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE V				1 YES	2 X NO	Specify:		, etc.)			HITE
		EDENT'S EDU	0171011	1										HIIE
COMPLETED	(Specify only	y highest grade	completed)	(G	ive kind of	work done	during mo	ON ost of worki	ng	16b, KINI	D OF BUS	INESS/INE	DUSTRY	
7	Elementary/Secondary (0	1-12)	College (1-4 or 5	•)							<b></b>	1		
M	17. FATNER'S NAME (First, M	Uririla I anti		Ket	. EII	grne	er/s	_	viso		trac			
			r Rosier							IE (First, Middle				
BE	190. INFORMANT'S NAME (7		r koster							ancis				
5	Grace Yare	ma Ros	ier	198	. 21	9 Wa:	rren	Roa	d, Co	oute Number, Co	vill	e, State, Zip	Code)	21030
	20e. METNOD OF DISPOSITION 1 Department 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	oval from State	20b. PLACE A corpetery, crea	MDDATE	of Dispos	terv	nme of		JAN		ATION -		
- 1	21. SIGNATURE OF FUNDA	L SERVICE NO	KNUE				NAME AP	ND ADDRE	SS OF FAC	ILITY				
		rtin D	. U 2 4 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				10	W. P	adon	hell-W ia Rd.	, Ti	moni	um,	c. MD 21093
	23. PART I. Enter the di ehock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	bait ieiluie.	. Pa	(OR AS A CONSEC	an	e'				,	`	ratory en	rest,	Approximate Interval Between Onset and Death
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injusted events initiated events resulting in death) LAS'	diate NG ry	с	(OR AS A CONSEC										
SER	resoluting in death) EAS		d											
4	PART II. Other significa	nt condition	e contributing to	deeth but not re	euiting	n the ur	derlying	cause (	given In P	art i. 24a.	WAS AN		24b.	WERE AUTOPSY FINDINGS
S										1.0	PERFORI			AVAILABLE PRIOR TO COMPLETION DF CAUSE
Ä										_   ' _	163 2	□ NO		OF DEATH?
										-				1 YES 2 NO
<u>₹</u>	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Chec	k only one)				
Sign I	1 TES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nur		e 5 🗆 Re	sidence 6	☐ Other (Spe	c/hv)			
Y PHYSICIAN:		Pending	28e. DATE OF (Month, De		28b. TIM		28c. INJI			28d. DESCRIB		JURY OCC	CURED	
ED BY	3 Suicide 6 0	Could not be	28e. PLACE Of building,	F INJURY — At hore	ne, farm, s	treet, fact				281. LOCATION City or Tow	l (Street er	nd Number	or Rural R	oute Number,
<u>-</u>	29e. CERTIFIER											-		
COMPLETED	(Check only	CAL EXAMINE	CIAN: To the best of R: On the basis of ex	my knowledge, des ramination end/or in	ith occurre	n, in my o	ima, date pinion, de	end plece, eath occur	end due to	the ceuse(s) me, date end p	end mann place, and	ner es state	ed. e ceuse(s)	and manner as stated.
BE	29b. SIGNATURE AND TITUE		uns	nin				29c. LICE	NSE NUMB	ER 24		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF							D.	10 GC	77		- 11	W	14
		n Down	s, 7505	9sler Dr	ive,	Sui	te 5	04,	Tows	on, MD	212	04		
	JAN 6 19	D194	32 HEGISTRA	R'S SIGNATURE	deld		-			<del></del>				
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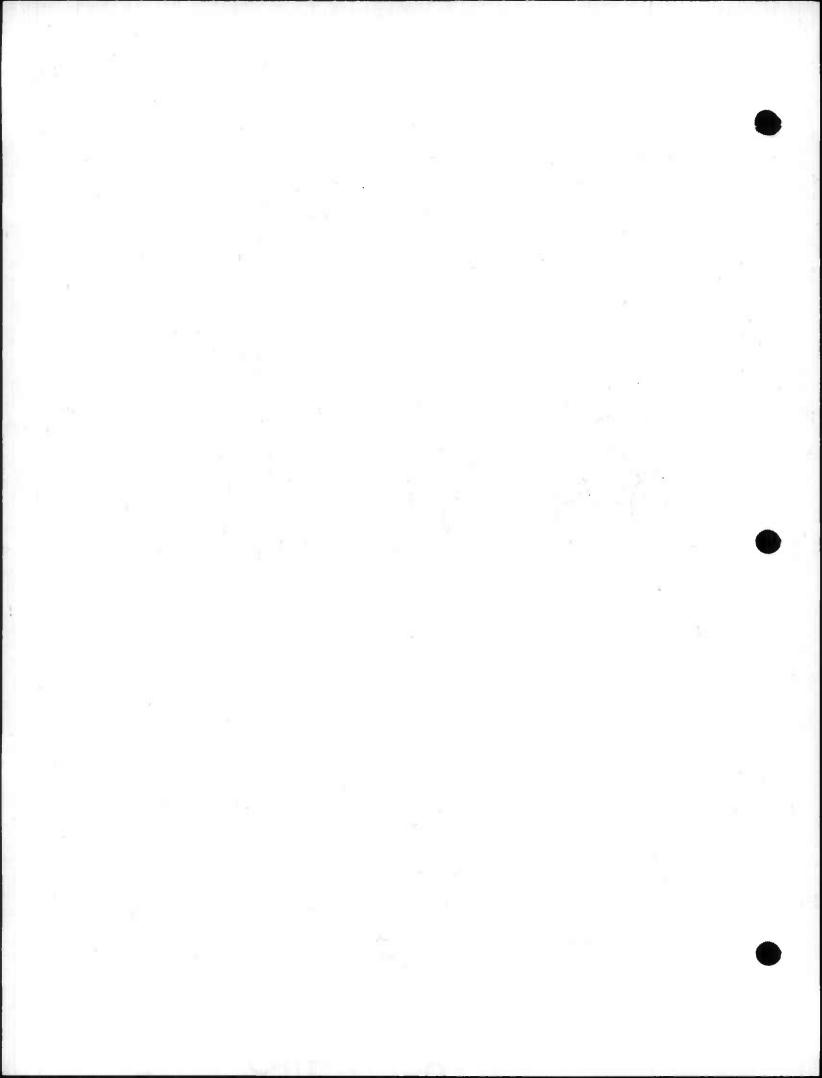
31. DATE FILED (Month, Day, Year)

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	1. DECEDENT'S NAME (First, Middle, Last)	)				2. DATE OF DEATH MONTH	AY )	3. TIME OF DEAT	
	BEVERLY		ROYSTER			01 0		2:32	
	4. SOCIAL SECURITY NUMBER 219-50-1369	1 🗆 M 2 🔀 F	8. AGE (In yrs. last birthda) 45 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day Veer) 6/28/48	8 F	BALTO . M	
OR	99. FACILITY NAME (# not institution, give 102 DIENER PLACE		PARKING LOT	96. COUNTY OF DEATH BALTIMORE CITY					
ای	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	TV		TV TOUGLOD LO					
- DIRECTOR	MARYLAND		100. 0	BALTI	MORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	104 DIENER	PLACE A	PT. 201		101. ZIP CODE 21229		10g. CITIZE	USA	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes,	BECENDENT OF NISPANIC specify Cuben, Mexican, (ES 2 M NO Specify:	C ORIGIN? (Specify Ye., Puerto Rican, atc.)	n or No — 14	RACE — American India Black, White, etc. Specify: Black	
TO BE COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	(Give kind o	'S USUAL OCCUP! of work done during use retired.)	ATION most of working	16b. KIND OF BU	SINESS/INDUS	STRY	
	17. FATHER'S NAME (First, Middle, Last)								
	JAMES HART				DOROT	E (First, Middle, Malden	Surname)		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	G ADDRESS (Street	et end Number or Rural Ro		o State Zin Co	odel	
	REV. HAROLD H	ART			OOD ROAD				
	METHOD OF DISPOSITION  10 Surface 2 Cremetion 3 Rec  4 Donation 5 Other (Specify)	moval from State	cometery, crematory of	other place) n Fore	(Name of St Vet.	1		y or Town, State Mills, M	
	21. SIGNATURE OF CHERAL SERVICE L	ICENSE	butt		OY O. DY				
	23. PART I. Enter the disease, or	complications that	coused the death. Do		O LIBERT	Y HEIGHT	S AVE	ENUE 212	
z	iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	8.	coused the death. Do e Dri each line. OR AS A CONSEQUENCE	not enter the I	O LIBERT	HEIGHT	S AVE	ENUE 212	
	immediate cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	8. DUE TO (C	the bring line.	OF):	O LIBERT	HEIGHT	S AVE	ENUE 212 Approximation interval B	
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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

William Harvey Schoenhaar  4. SOCIAL SECURITY NUMBER  5. SEX 1		1. DECEDENT'S NAME (Fit	st, Middle, Last)			<u>JEIIII</u>	IOAIL		DEATH		E OF OEATH			3. TIME OF DEATH	
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Department/Secondary (Part)  Department/Secon	ВУ			IF YES, GIVE	MÁR OR DATI	ES NO									
Demonstrative positions of the properties of the	E				1	(Give kind of	NT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
NOTIONALITE INTERCENT. CR. SCRICOETHIAST   Security   Sarah S. Day Kunzelman   19. Maring Address (Sines and Number or Pure Route Province, City or Town, State, 20 Cook)   924 Ellendale Drive, Towson, MD 21286   Sarah S. Day Kunzelman   924 Ellendale Drive, Towson, MD 21286   Sarah S. Day Kunzelman   19. Maring Address		Elementary/Secondary	e retired.)					Land							
NOTIONAL   Preference   Prefe	OME	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Malden Surname)													
SEARCH S. Day Kunzelman   198. MALRIER ADDRESS (Sheet and Number of Paral Ruse Number (1980)   198. MALRIER ADDRESS (Sheet and Number of Paral Ruse Number (1980)   198. Malrier (1980)   198. Malri	ш	twi metricit e trans (trial, made), made durinite)													
236. METHOD OF DISPOSITION   100	TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)													
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22. NARE AND ADDRESS OF FACILITY Lemmon—Mitchell—Wiedefeld, Inc. 10 W. Padonia Rd. Timonium, MD 21093 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory streat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition.  Sequentially list conditions, I say, leading to immediate cause. Enter UNDERLYING that inflisted events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  D		1- Buriel 2 Cremet	lon 3 A Rer	novel from State	cemete	ery, cremetory or	other plece)			1 /				n, State	
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2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29a. CERTIFIER (Check only or Yown, State) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204		Natural 5					JURY	WC	DRK?	28d. Di	EŞCRIBE HOW	INJURY OCC	CURED		
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNEO (Month, Doy, Year)  No. Name and address of Person who completed cause of Death (ITEM 27) (Type, Print)  Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204		a Dautsta		28a. PLACE (	OF INJURY —	At home, farm,	atreet, fact			281, LO	CATION (Stree	and Number	or Aurai Ro	ute Number,	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNEO (Month, Doy, Year)  NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204	TEL			building	, etc. (Specify,					Cit	y or lown, Stat	9)			
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNEO (Month, Dey. Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204	PLE	(Check only	RTIFYING PHY	SICIAN: To the best o	f my knowled	ige, death occur	red at the t	lme, data	and place, and o	tue to the c	euse(a) and m	enner as atat	ed.		
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNEO (Month, Doy, Year)  NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204	OM	one) —	DICAL EXAMIN	ER: On the basis of a	examination a	ind/or investigati	on, in my o	plalon, c	leath occured at	the time, da	ta and place, i	and due to th	e cause(a)	and manner as st	
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204	ш	296. SIGNATURE AND TITE	LE OF CERTIFIE		,				29c. LICENSE I	NUMBER		29d. DATE	E SIGNEO	A 11	
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SOCIAL SECURITY HUMBER  3. SET  4. AGE (Pr) year. Is bettingly  1. SET (Pr)  1. SET	V.	1. DECEDENT'S NAME (First, Middle, Last)	William Edwa	rd Schoeb	erlein	2. DATE OF DEATH	MYYEAR	3. TIME OF DEATH	
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Maryland Baltimore Catonsville 10/85 2	6	RESIDENCE OF DECEDENT							
TO STREET AND NUMBER  7.15 Maiden Choice Lane, HV 314  11. MARTIAL STATUS  12. MAR DECEMBERT TO MARTIAL STATUS  13. MARTIAL STATUS  14. MARTIAL STATUS  13. MARTIAL STATUS  14. MARTIAL STATUS  15. MARTIAL STATUS  15. MARTIAL STATUS  16. DECEMBERT SEDUCATION  (Martial 2) Martial 2) Martial  2) Martial 2 Martial  2) Martial 2 Martial  2) Martial 2 Martial  3) Martial 2 Martial  3) Martial 2 Martial  3) Martial 2 Martial  3) Martial 2 Martial  4) December of Martial Martial Martial Martial  4) Martial 2 Martial  5. MARTIAL MARTI	REC			10c. CITY, TOWN OR LE				10d. INSIDE CITY	
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THE CATE WINDS AND DIVIDED TO THE SEARCH OF THE STANDAR OF THE STA	N								
Sequentially list conditions   Sequentially list conditions	BY	1 Never Married 2 Merried	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yet	, specify Cuban, Maxic	an, Puerto Rican, atc.)	Bi	ack, White, etc.	
DEPORTED TO MAKE (Pink Mode), Last)  Standard (Pink Mode), Last)  William Schoeberlein  The MAKE (Pink Mode), Last)  William Schoeberlein  The MAKE (Pink Mode), Last)  Wary Louise Schoeberlein  The MAKE (Pink Mode), Last)  The MAKE (Pink Mode), Last)  The Make (Pink Mode), Make (Pi	8		CATION 16a. I	DECEDENT'S USUAL OCCUP		18b. KIND OF BU	ISINESS/INDUSTRY		
Note	4		College (1-4 or 5+)	ife. Do NOT use retired.)	most or working				
Note	MP		5+ C1	PA / Attor	ney	Accoun	ting /	Legal	
THE INFORMANT'S NAME (TypusPrint)    The Maiden Choice In., HV 314 Baltimore, MD 21	8								
Marcy Louis Schoeberlein    Marcy Louis Schoeberlein   This Maiden Choice Ln.	BE							(a	
20. PACE AND SETTION OF DISPOSITION  20. METHOD OF DISPOSITION  20. PACE AND DATE OF DISPOSITION   Pace    20. PACE AND DATE   20. LOCATION - City or flown, State    20. PACE AND DATE    20. PACE AN		A STATE OF THE PARTY OF THE PAR						. Mm 0100	
Bursta     Ceremetten									
22. NAME AND ADDRESS OF PACILITY  George E. MacNabb  12. NAME AND ADDRESS OF PACILITY  MacNabb Funeral Home, P.A.  301 Frederick Road Balto., MD 2  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest and pack, or hard failure. List ority one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A C		1 N Buriel 2 □ Cremation 3 □ Rem	ovel from State cemetery.	cremetory or other placel					
George E. MacNabb  301 Frederick Road Balto., MD 2  22 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, infavre abody, or heart failure. List only one cause on each line.  Spran and the seases, or complications abody, or heart failure. List only one cause on each line.  Spran and the seases, or complications abody one cause on each line.  Spran and the seases or condition infavre. Coll from the sease or condition as a consequence of:  Lymphuma - lavgy Coll fym.  DUE TO (or as a consequence of):  Lymphuma - lavgy Coll fym.  DUE TO (or as a consequence of):  Lymphuma - lavgy Coll fym.  DUE TO (or as a consequence of):  Lymphuma - lavgy Coll fym.  DUE TO (or as a consequence of):  DUE TO (or			CENTSEE/ W/	22. NAM	E AND ADDRESS OF F	ACILITY			
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interve londs, or heart failure. List only one cause on each line.    MMEDIATE CAUSE (Finel diseases or condition resulting in death)			,						
ABOCK, or heart failure. List only one cause on aach line.    Interve								Approxima	
Sequentially list conditions, pure to (or as a consequence of):    Hamp, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST    PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.   24a. WAS AN AUTOPSY PERFORMED?   1   YES 2   I   YES 2   YES 2   YES 2   YES 2   YES 2		IMMEDIATE CAUSE (Final disease or condition	Stp HC (	al Wia	0.14			Onset and	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNEB-OF DEATH  Netural 5 Pending Investigation 28a. DATE OF INJURY  (Month, Day, Vear) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO  28c. INJURY AT WORK? 1 VES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  28d	NO		W		rgi cell	type.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNEB-OF DEATH  Netural 5 Pending Investigation 28a. DATE OF INJURY  (Month, Day, Vear) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO  28c. INJURY AT WORK? 1 VES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  28d	SA	cause. Enter UNDERLYING	c,						
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	- 11	PART II. Other aignificant condition	a contributing to death but no	t resulting in the under	ying cause given in	Part I. 24s. WAS AF		4b. WERE AUTOPSY FIN	
Security   Security		CCF,	AF, HTN,					COMPLETION OF C	
Note   Perding   Investigation   Investigation   Sucided   Sucid	AN			2	B. PLACE OF DEATH (C	heck only one)			
Accident   Investigation   I	SIC				Home 5 Residence	6 ☐ Other (Specify)			
Note   Perding   Investigation   Investigation   Suicide   Could not be determined   26a. PLACE OF INJURY — At home, farm, street, factory, office   26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   26a. PLACE OF INJURY — At home, farm, street, factory, office   26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner of the cause(e) and manner	¥	27. MANNER-OF DEATH		28b. TIME OF 28c	INJURY AT		INJURY OCCURED		
3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  RESIDENT  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 3 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4 State  29d. DATE SIGNED (Month, Day, No. 2) 4		to continue to the continue to	(Month, Day, 1987)						
296. SIGNATURE AND TITLE OF CERTIFIER 1864 WORLD Navy M  RESIDENT  296. LICENSE NUMBER  AS 24 3 85 28  1 5 94	9	3 Suicide 6 Could not be	26a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factory,	office			al Route Number,	
296. SIGNATURE AND TITLE OF CERTIFIER 18th Warth Navy. IN 29c. LICENSE NUMBER AS 24 38528 DATE SIGNED (Month, Day, M. ) 5/94	1							e(a) and manner ea st	
RESIDENT U AS2438528 > 15194	OMPLET	one)							
	E COMPLET	one) 2 MEDICAL EXAMINE	- 0	Jarry IN			29d, DATE SIGN	IED (Month, Day, Year)	

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	OTHE OF MA	C				DEATH	MENIAL	REG. NO.	C .			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH	2		3. TIME OF DEATH	
	RICHARD	ROY	7		SEL	RY.	IV	MONTH () 1	0/	12	94	1:29 1	DM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTI	PLACE (State or Foreign	
	089-46-9420	1 M 2 D F	41	YRS.	MONTHS	DAYS	HOURS MIN.		Day, Year)	52	Ol	") 110	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATION OF DE		1201		INTY OF E		_
A C	4813 OHEENSE	SIIDV DOXE	,			DIV	ERDALE			DD	TNICI	E GEORGES	~
5	4813 OUFENSE		-	_						LPR	TIACT	S GEORGE	
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN O		221					10d, INSIDE CITY LIMITS?	
		<u>ince Geor</u>	ges	R	iver	_						1 YES 2 NO	
M	10e. STREET AND NUMBER					101	. ZIP CODE	_				WHAT COUNTRY?	
	4813 Queensbur						2073				USA		
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EN	YES 2	MED	13. V	MAS DEC	ENDENT OF HISPAI ecity Cuban, Maxica	NIC ORIGIN? In, Puarto Ric	(Specify Yes	or No—	14. RACI Blac	E — American Indien, k, White, etc.	
B	3 Widowed 4 Divorced	N/A	OR DATES		\ \ 1	YES	2 NO Specify	y:			Spec	White	
	15. DECEDENT'S EDU	CATION	18a, OE	CEDENT'S	USUAL OC	CUPATIO	ON .	16h #	IND OF BUS	INESS/IN		VIIICC	
E	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(G	ive kind of Do NOT u	work done d	luring mo	st of working	1000.1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0031711		
7	Exercise 17/30CORDARY (0-12)	4 years	Li	bra	rian	Į		P.0	G. Co	). P	ub1:	ic Librai	rv
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA						_
	Richard Roy S	Selby III					Rober				S		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS	(Street a	nd Number or Rural i	Route Number	City or Tow	n, State, Zi	(p Code)		
٩	Mr. Richard R	Selby I	1				se Dr.					13	
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSI	TION /Na	me of	DATE	20c. LO	CATION -	City or To	wen State	
	1 Donation 5 Other (Specify)		Metro	matory or o	ther plece) emat	ory	,Inc.	1/5	1	Balt	imo	re. MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	The ale			22. N	NAME AN	O ADDRESS OF FA	CILITY					
	) pour	, v . v . i	1.		Cr	ema	ition S	ociet	y of	Md	٠,	Inc.	
	23. PART i. Enter the diseases, or	E. MacNab	D D	oth Do	129	9 1	reder1	CK K	oad l	Balt	0.,	MD 21228	8
	shock, or haart failura.	List only one cause	on aach iina	١.					-	-		Approximata intarvai Betwe	
	iMMEDIATE CAUSE (Final disease or condition						C OBSTRU	JCTIVE	PUL	IONAF	RY	Onset and Da	ath
	resulting in death)	a. DISEASE	AS A CONSE			EUMC	NIA_						
_		DUE TO (ON	AS A CONSE	DOENCE U	rj:								
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR	AS A CONSE	DUENCE O	F):								
¥.	if any, leading to immediate cause. Entar UNDERLYING											Ì	
F	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSE	DUENCE O	F):							1	
F	resulting in death) LAST	d,											
2	PART ii. Other aignificant condition	a contributing to de-	ath but not a	o a ultima	in the un	elo els el es		Deat L			1	1	
N S	Tract in other algentourit condition	a continuating to date	aui Dut Hot i	osuiting	in tha und	Darrying	cause given in		PERFOR	MED?	246	WERE AUTOPSY FINDING AVAILABLE PRIOR TO	
								- 1	YES 2	□ NO		OF DEATH?	
Σ												1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					00 84	101.01.01						_
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			OTHER	1:	ACE OF DEATH (Ch						
148	27. MANNER OF DEATH	1 Inpetiant 2 ER		28b. TIM		ing Hom 28c. INJ	e SX Rasidence		Specify)				$\dashv$
	1 Netural 5 Pending	(Month, Day, Y	fear)	IN.	IURY	WO	RK?	280. DESC	HIBE HOW I	NJURY OC	CUHED		
à	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF IN	LIURY — At bo	me ferm	etreet feete			201 LOCAT	10N (Carret o	and Mariah		De as March of	-
COMPLETED	4 Homicide S Could not be detarmined	building, etc.	(Specify)	, 101111,	atroot, 120to	ny, onice		City or	Town, State)	nu Numbe	r or nurer i	Floute Number,	
	29a. CERTIFIER			-	-					_			$\dashv$
MP	(Check only CERTIFYING PHYSI	CIAN: To the best of my											ı
8		R: On the basis of exami	ination and/or	Investigatio	on, in my or	pinion, d	eath occured at the	time, data e	nd place, an	d due to I	he cause(i	s) and menner ee stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIES	1 -					O. C. M. I	MBER		29d. DAT	I SIGNED	(Month, Day, Year)	
2	Medan M.	King 1	10				0.0.11.1	- •		•	-/0-	,, 1,,,,,	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED PAUSE O	OF OEATH (ITE										
	A DATE EN ED WATER DE	CLAG	111	Per	nn S	tre	et, Bal	ltimo	re,	Mar	ylar	nd 21201	
	JAN 0 6 100/	32. REGISTRAR'S	A Anda	120									
	JAN U 0 1994	THE WALLEY	A-Manda	82									- 1

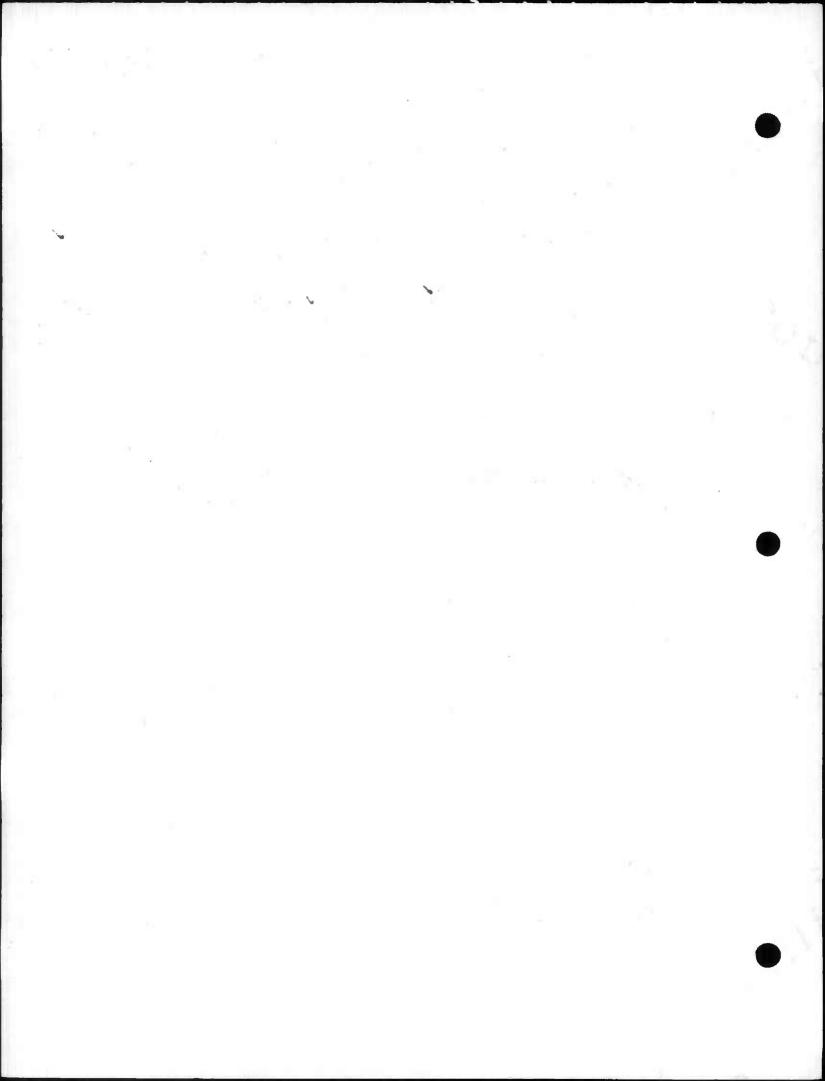
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow shows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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		director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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IMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	8
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TO THE HOSPITAL OR ATTENDING PHYSUCAN. The law focus permitted the executed within a flours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this permitted has been a flowed by the flourist director, page 5 should be detached for use as the be filed within 72 hours after death with the Same Dept. Of the sum produced through the prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or them 23 shows any plant, or other traumatic event, the medical examiner must be netified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH		AL HYGIENE REG. NO.	94	00155		
1. DECEDENT'S NAME (First, MICHON, Last) FRANK LIN	Franklin	H Smith		2. DAT MON	4	94	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER  213 26 8774  9a. FACILITY NAME (If not institution, give	1# M 2 🗆 F	52 YRS. MON	THE DAYS HOURS CITY, TOWN OR LOCATION	MIN. 5/1	e of Birth	Coo	ATHPLACE (State or Foreign untry) MD .		
	ospital	yb.	Baltimon			9c. COUNTY OF	FDEATH		
10a. STATE 10b. COUNTY	TY		10d. INSIDE CITY LIMITS?  1 YES 2 NO						
10e. STREET AND NUMBER 813	Winston Ave	2.	101. ZIP CODE 212	212			F WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES GIVE WAR OR D	2 NO	13. WAS DECENDENT O			Bi	ACE — American Indian, ack, Whita, atc. pecify: r. American		
15, DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S USUA	done during most of workin red.)	9 16	b, KIND OF BUSIN				
17. FATHER'S NAME (First, Middle, Last) Garland Ha	rcum		18. MOTH	ier's name (First) Laura	Middle, Maiden St. S. Til	mame) ghman			
190. INFORMANT'S NAME (Type/Print)  Dorethea Smi	th		inston Ave						
20g. METHOD OF DISPOSITION 1 1 Burlal 2 Cremetton 3 Res 4 Donation 8 Other (Specify)	noval from Stata Carr	PLACEAND DATE OF DIS etery, cremetory or other p Carrison Fo		1		or Mil	Town, Stata 1s, MD.		
21. SIGNATURE OF FUNERAL SERVICE L		1	22. NAME AND ADDRES	Estep	Brother Pl. Bal		ral Home P.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		U failur	-e			Onset and Dea		
PART II. Other algolificant condition	na contributing to death b	ut not reaulting in th	e underlying cause g	jiven in Part i.	24a. WAS AN AI PERFORM 1 EVES 2	ED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQBPITAL:	ОТ	26. PLACE OF D	EATH (Check only	one)				
1 Yes 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	1 ☑ Inpetient 2 ☐ ER/Outs  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 ☐ Ra 28c. INJURY AT WORK?	28d. Di	ner (Specify) ESCRIBE HOW INJ	IURY OCCURED			
2 Accident Investigation 3 Suicide S Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
anni .	SICIAN: To the best of my know IER: On the bests of axeminatio						e(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIE  Madhur Ja	in MD	l light		NSE NUMBER		29d. DATE SIGN	IED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	MD SINA	I HOSPITA	AL BALT	MORE	MD.				
JAN 0 6199	4 32. RESISTRAR'S SION	ATURE Godel							

215-0020	
D 2121	
LAND	
MARY	
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O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within frours after death. Page 6 may be retained by the hospital or attending physician.	confident was been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ation, or removal.	the medical examiner must be notified at once.
TWIAL RECORDS, P.O. BOX 68760.	he im requires that the death certificate be executed within	in his been signed by the attending physician and complete	in the fire Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	security and injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL DR ATTENDIM PHYSON	: Any the	be filed within 72 hours after dear with the Stu	IMPORTANT: If item 28 is married and

	mitti	HN D. SI						2. DATE MONT		DAY	YEAR 94	3. TIME OF DEATH  7 40 f
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH		8. BIRTHP Country)	PLACE (State or Foreign
238-07-5992	1∑ M 2 ☐ F	83	YRS.						722/10			N.C.
9a. FACILITY NAME (If not inetitution, give st	treet and number)		100			A LOCATIO	ON OF DE	EATH		9c. COUN	ITY OF DE	ATH
MERCY HOSPITAL				BF	LTIM	IORE						
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
MD			BA	LTIN	ORE							LIMITS?
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITIZ		HAT COUNTRY?
3023 WESTWOOD AV	E					212	16			U	.S.A	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.AF	RMED						N? (Specify Ye	s or No—	14. RACE	- American Indian,
1 Never Married 2 Married	IF YES, GIVE W	YES 2 X	NO		If yes, spe	2 PNO	n, Mexica Specifi	n, Puerto	Rican, etc.)		Black, Specify	White, etc.
3 Wildowed 4 X Divorced												. AMERICA
15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S live kind of v	USUAL O	CCUPATIO	ON st of workin	g	181	. KIND OF BU	ISINESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	) life	. Do NOT us	e retired.)								
JAMES SMITH									Middle, Maider SMITH	Surname)		
EVELYN PARKER									SSEX M			
per transmission of the second							CKI	_				
20p. METHOD OF DISPOSITION    X    Burtal 2    Cramation 3    Remo	ovel from State	20b. PLACE cemetery, cre	ematory or de	ther place				DAT		OCATION — C		
4 □ Donation 5 □ Other (Specify)		FOIID	CART 33 A	DIZ								
	essex /	ŁOUD	ON PA				/94				ORE	
21. SIGNATURE OF FUNETIAL SERVICE LIC	Sont /	LEOUD	ON PA		NAME AN ESTE			CILITY ERS				
21. BIOMATURE OF FUNERAL SERVICE LIC	13/1k		1	22.	1300	EP BR	OTHI	PLAC	FUNERA E BALT	L HOM	E P.	A. 17
	ompfications that did only one cause our form	caused the de	OUENCE OF	22.	1300 the mod	EP BR	OTHI	PLAC:	FUNERA E BALT	L HOM	E P.	A . 17 Approximata interval Between Onset and De
23. PART I. Enter the diseases, or callock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	caused the de	OUENCE OF	22.	1300 the mod	D ADDRES EP BR D EUT	OTHI	PLAC:	FUNERA E BALT	L HOM	E P.	A . 17 Approximata interval Between Onset and De
23. PART I. Enter the diseases, or callock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (	Coursed the delegate on each lips of the course of the cou	OUENCE OF	22.	1300 r the moo	D ADDRESS PROPERTY AND ADDRESS POR ADDRESS	SS OF FAR OTHI	PLAC:	FUNERA E BALT diac or reap	L HOM O MD Oiratory arro	E P., 212 eat,	A . 17  Approximate interval Betwee Onset and De Onset an
23. PART I. Enter the diseases, or canock, or heart failure. I immediate cause condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	DUE TO (	Coursed the delegate on each lips of the course of the cou	OUENCE OF	22.	1300 r the mod	D ADDRESEP BR	S OF FA OTHI 'AW I	PLAC:	FUNERA E BALT diac or reap	L HOM O MD Oiratory arro	E P., 212 eat,	A . 17  Approximate interval Betwee Onset and De Onset an
21. PART I. Enter the diseases, or callock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DU	Caused the delegate on each lipe on the constant of the co	OUENCE OF	22.	1300 r the modern the	D ADDRESEP BR D EUT de of dyi	SS OF FAN OTHI	PLAC:	FUNERA E BALT diac or reap  24a. WAS AL PERFO 1  YES	L HOM O MD Oiratory arro	E P., 212 eat,	A . 17  Approximate interval Betwee Onset and De Onset an
23. PART I. Enter the diseases, or canock, or heart failure. I immediate cause condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	DUE TO DU	Caused the delegate on each lips OR AS A CONSE	OUENCE OF	22.  Soft enter	1300 r the modern the	D ADDRESEP BR D EUT de of dyi	SS OF FAN OTHI	PLAC: h as car  Part I.  eck only or	FUNERA E BALT diac or reap  24a. WAS AL PERFO 1  YES	L HOM O MD Hartory arrow	E P., 212	A . 17  Approximata interval Betwee Onset and De Onset an
21. PART I. Enter the diseases, or canock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  23. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending	DUE TO DU	Caused the delegate on each lips OR AS A CONSE	OUENCE OF	22.	1300 r the modern the	D ADDRESEP BR D EUT de of dyi	SS OF FAN OTHI	PLAC: h as car  Part I.  eck only or	FUNERA E BALT diac or reap  24a. WAS AL PERFO 1  YES	L HOM O MD Hartory arrow	E P., 212	A . 17  Approximate interval Betwee Onset and De Onset an
21. PART I. Enter the diseases, or canock, or heart failure. I immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	DUE TO DU	Caused the delegate on each lips OR AS A CONSE	OUENCE OF OUENCE OUE	OTHE	1300 r the modern the	D ADDRESEP BR D EUT de of dyi  Cause g  ACE OF DI  REPTANT	SS OF FAN OTHI	PLAC: h as car  Part i.  sck only o  8 □ Othe  28d. DE	FUNERA E BALT diac or reap  24a. WAS AL PERFO 1  YES	A AUTOPSY RIMED?  2 Major occurrence occurre	E P., 212 eat, 24b.	A.  Approximata interval Betw Onset and De O

4 Homicide	6 Could not be determined	building, etc. (Specify)	City or Town, State)
Check only	CERTIFYING PHYSICIAN:	To the best of my knowledge, death occurred at the time, date and place, and do	ue to the cause(s) and menner as stated.

In			7			112174	
O. NAME AND AD	DDRESS OF PERSON WHO COM	PLETED CAUSE O	F DEATH (ITEM 27) (Type, Print)	*			
72	5 Greens	64	Yalvers 6	1torated	Deat.	Medici	

32. RESISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)
JAN 0 61994

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Importance of the Computer of the Hospital of the
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94 00157 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC	MENT OF HE	ALTH AND DEATH		YGIENE 9 EG. NO.	4	00157	
	1. DECEDENT'S NAME (First, Middle, Last)	Clinton De	witt Sa	vage		2. DATE OF C MONTH	/1/94	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215 10 4866	1 ∰ M 2 □ F 8	1 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 1/16	/12	Country	MD	
TOR	94. FACILITY NAME (If not institution, give s (Home) 5515 Gi	st Ave.	st Ave.			EATH	9c. COU	c. COUNTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNT		TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1# YES 2 NO		
ERAL	7 N. Bent1	ou St.		101. 2	21223	NEI	10g. CITI	USA	HAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 # NO	If yes, speci	IDENT OF HISPAI Ity Cuban, Mexico NO Specif	in, Puerto Rican	pecify Yea or No—	Specify	American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use Reti:	rk done during most retired.)	of working		O OF BUSINESS/IND	USTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Jessie	Savage				ME (First, Middle Ce Jol	n, Maiden Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) Alice Peace	ock		DDRESS (Street and			ity or Town, State, Zip	Code)		
	20g. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	aoval from State 20b.	PLACEAND DATE OF Play, commatory of other Cedar Hi.	DISPOSITION (Name		DATE	20c. LOCATION -			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Stat		Este	ADDRESS OF FA	ers Fur	neral Hom	ne P.	A.	
	23. PART I. Euter Me diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cales on ea	ch line	let Co				eat,	Approximata Interval Between Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF:	tes he	Oli lin	e at	100	-5	3mo	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
MEDICAL	PART II. Other significant condition	ns contributing to death bu	it not resulting in	the underlying o	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	CE OF DEATH (C)					
	27. MANNER OF DEATH  1 Netural 5 Pending	1					WORK?			
red BY	2							oute Number,		
COMPLET	4 Homicide determined City or rown, State)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
8	296. SIGNATURE AND TITLE OF CERTIFIE	_	2mg		Pac. LICENSE NUI				Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WH	Ount ou	IN (ITEM 27) (Type, P	rine)	lasac	Lev	a lide	21/3	2	
	31. DATE FILED (MONT) POLY 1994	32 AEGISTRAR'S SIGNA								

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il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO	94	00158
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DECEDENT'S NAME (First, Middle, Las	ŋ				10	DEATH		REG. NO			3. TIME OF DEATH
Ruby S		Si	tride	2			Jan	uary 4	. 199	YEAR	6:18 A.
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		a. BIRTH	PLACE (State or Foreign
212-09-9354	1 □ M 2 🔯 F	75	YRS.	MONTHS	DAYS	HOURS MIN.	Aug	ust 20	,1918	Ma	ryland
a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATION OF D	HTAS		9c. COU	NTY OF D	EATH
Franklin Square	Hospital			Ba	ltir	more			Bal	timo	re County
Da. STATE 10b. COUN	TY		10c. CIT	ry, town o	OR LOCAT	NOI					10d. INSIDE CITY
Maryland Balt	imore Cou	inty	Bal	Ltimo	re						LIMITS?
0. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
24 Torque Way						21220			U.	S.A.	
I. MARITAL STATUS  Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S.	ARMED			ENDENT OF HISPA ecify Cuban, Maxic			or No-	14. RACE Black	- American Indian, White, atc.
Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES				2 NO Speci				Whit	
15. DECEDENT'S ED	UCATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON	16	b. KIND OF BU	SINESS/INI		
(Specify only highest gra- Elementary/Secondary (0-12)	de completed) College (1-4 or 5	4)	(Give kind of life. Do NOT u	work done use retired.)	during mo	st of working	- 1				
9th Grade	55,100		ome Ma	ker				Home			
FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S N.			Sumame)		
Lloyd S. Warfiel	d					Margar	et I	rene Ba	arth		
Da. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a	and Number or Rural	Route Nun	nber, City or Tow	rn, State, Zip	Code)	
George M. Stride	r	3	335 We	ester	n Ch	napel Ro	ad,	Westmi	nster	, Ma	ryland 21
De. METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Re	mount from State	20b. PLAC	EANDDATE	OF DISPOS	SITION (Na	ime of	OA		CATION -		
□ Donation 5 □ Other (Specify)	movar from State	HOI.	Crematory or Ly Hil	LI Ce	mete	ery 1	16/9	A Bal	timor	e, M	aryland
I. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	1		22.	NAME AI	ND ADDRESS OF F	ACILITY				
Kathlienh	1 1.20	1. /		1, 16 3				10.			
3. PART I. Enter the diseases, of athors, or heart failure MMEDIATE CAUSE (Final	r complications the	nt caused the use on each II	deeth. Do ne.	64	the mo	Belair R	oad,	Baltin	more,	Mar reat,	Approximate Interval Between
MMEDIATE CAUSE (Final lisease or condition essuiting in death)	a. Resp. DUE TO	irator O (OR AS A CONS	y Fa seouence o	ilur	the mo	Belair R	oad,	Baltin	nore,	Mar	Approximate Interval Between
MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, farry, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	a. Resp. DUE TO  B. Rena	irator O (OR AS A CONS 1 Fail	y Faseouence of	ilur F):	the mo	de of dying, suc	oad,	Baltir rdlac or reap	MOTE,	Mar	Approximate Interval Between
MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, a my, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury	a. Resp DUE TO  B. Rena DUE TO  C. Myoc.	irator O (OR AS A CONS O (OR AS A CONS	y Faseouence of the secouence of the secone of the secouence of the secone of th	ilur	the mo	de of dying, suc	oad,	Baltin rdlac or reap	more,	Mar	Approximate Interval Between
MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, if any, leading to immediate suse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	B. Resp DUE TO  B. Rena DUE TO  C. Myoc. d. Diab	irator O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O C	y Faseouence of the contents o	ilur	the mo	de of dylng, suc	ch aa ca	Baltir rdlac or reap	AUTOPSY RMED?	reat,	Approximate interval Between Onset and De De De De De De De De De De De De De
MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, farry, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST  ART II. Other aignificent conditions are conditions.	a. Resp. DUE TO  B. Rena DUE TO  C. My oc.  d. Diabo	irator O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O C	y Faseouence of the contents o	ilur ilur Pr: arct Pr: tus	i or	de of dylng, suc	n Part I.	24a. WAS AN PERFO!	AUTOPSY RMED?	reat,	Interval Betwee Onset and De On
MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST  PART II. Other aignificent conditions of the condition of the conditions of the conditio	a. Resp. DUE TO  B. Rena DUE TO  C. My oc.  d. Diabo	irator O (OR AS A CONS  Pail O (OR AS A CONS  Ardial O (OR AS A CONS  Etes M O death but no	y Fa y Fa sequence o LITE sequence o LITE sequence o le lli t resulting	ilur ilur ilur ilur ilur ilur ilur ilur	the mo	g ceuse given in	n Part I.	24a. WAS AN PERFOI	AUTOPSY RMED?	reat,	Approximate interval Between Onset and De De De De De De De De De De De De De
MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, if any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST  PART II. Other eignificant conditions or conditions in the conditions of the conditio	a. Resp. Due to b. Rena Due to c. Myoc. d. Diab ons contributing to hopping to Hospital: 1 Unpetent 2	irator ir	y Fa y Fa sequence of the sequ	ilur ilur ilur ilur ilur ilur ilur ilur	the mo	g ceuse given in	Part I.	24a. WAS AN PERFOI	AUTOPSY RMED?	246.	Approximate interval Between Onset and De De De De De De De De De De De De De
MMEDIATE CAUSE (Final lisease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST  PART II. Other aignificent conditions and conditions are conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending	a. Resp. Due to b. Rena Due to c. Myoc. d. Diab ons contributing to the following to Hospital: 1 Unpetent 2 28a. Date Of (Month, L	irator ir	y Fa y Fa sequence of the sequ	ilur ilur ilur ilur ilur ilur ilur ilur	the mo	g ceuse given in	Part I.	24a. WAS AN PERFOI 1 U YES 2	AUTOPSY RMED?	246.	Approximate interval Betwee Onset and De Ons
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALLIMORE,	BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	tained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	tiffed at once.

94 00159. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MA		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	94	00159.		
1. DECEDENT'S NAME (First,	Middle, Last)	Flossie	Sapie	2. DATE OF DEATH		3. TIME OF DEATH		
Flos	sie Elizabet	h Scipio		January 4.	1994	0620AM		
4. SOCIAL SECURITY NUMB			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	A. BIRTHP	LACE (State or Foreign		
213-26-135	1   M 2   4	66 YRS.	NTHE DAYS HOURS MIN.	Sept. 14, 1		rginia		
	titution, give atreet and number)	91	. CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY OF DE	ATH		
1330 Buckho	orn Road		Sykesville	2	Carro	ll County		
10a. STATE	10b. COUNTY	10c. CITY, T	OWN OR LOCATION		2	IOd. INSIDE CITY		
	Carroll County		Svkesville			YES 2 NO		
100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WI	IAT COUNTRY?		
1330 Buckh	orn Road		21784		II.S	Δ		
100. STREET AND NUMBER 1330 Buckh 11. Marital Status	12. WAS DECEDENT & FORCES? 1	VER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yes	or No — 14. RACE -	- American Indian, White, etc.		
1 Never Married 2 📉	IF YES GIVE WAR	OR DATES	1 VES 2 NO Spec		Specify			
			1			Black		
Elementary/Secondary (0-12 17. FATHER'S NAME (First, Mix	DENT'S EDUCATION highest grade completed)	16a. DECEDENT'S US (Give kind of work	UAL OCCUPATION done during most of working stred.)	16b. KIND OF BUSI	NESS/INDUSTRY			
Elementary/Secondary (0-	12) College (1-4 or 5+)				Health (	Como		
12		Nurs	es Aide		Health	care		
				AME (First, Middle, Maiden S				
(7)	bert Morris			sie Purnel				
O 198. INFORMANT'S NAME (1)			DRESS (Street and Number or Rura					
Mr. Robert		1330 Bu	ckhorn Road Sy	kesville, N	1D 21784			
20a, METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation	ON 3 C Removal from State	20b. PLACE AND DATE OF C	DISPOSITION (Name of place)	OATE 20c. LOC	ATION — City or Tow	n, Stata		
4 Donation 6 Other	Specify)	Springfield	piaca) Cemetery Jan	uary 8, 1994	Sykesville.	MD		
21. SIGNATURE OF FUNERAL			22. NAME AND ADDRESS OF F					
NOU!	no of Hay	cht	HAIGHT FUNEA	RAL HOME (P.	.O. Box 1	95)		
IMMEDIATE CAUSE (Findisease or condition reaulting in death)	a. Previous Tours	AS A CONSEQUENCE OF):				Interval Between Onset and Daath		
Sequentially list condition if any, leading to immediate cause. Enter UNDERLY/II CAUSE (Disease or Injurthet initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):						
PART II. Other significer	at conditional contributing to des		ha underlying cause given in	Part I. 24a. WAS AN / PERFORE 1 YES 2	MED?	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  I YES 2 NO		
25. WAS CASE REFERRED TO EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	MEDICAL		94 84 405 05 86451	took ook ook				
EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C					
27. MANNER OF DEATH			Nursing Home 6 (1) Residence					
1 Martural 5	28a. DATE OF INJ (Month, Day,		F 28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
A	2   Accident investigation 3   Suicide 6   Could not be   28a. PLACE OF INJURY — At home, farm, street, factory, office   26f. LOCATION (Street and Number or Rural Rou building, stc. (Spacify)							
are l	FYING PHYSICIAN: To the best of my					and manner sa stated.		
	OF CERTIFIER		29c, LICENSE NO	JMBER	29d. DATE SIGNEO (	Month, Day, Year)		
B 296. SIGNATURE AND TITLE	lether MA		1255	2)0	D 1/11	1011		
30. NAME AND ADDRESS OF	PERSON WHO COMPLETED CAUSE (	OF OEATH (ITEM 27) (Type. Pri	nt)		1/7	17		
F.M. Glot	LIH, MD	95 Carra	11 Stree	+ Westmi	wher M	D 21157		
JAN 0 6 19	194 gha Burds	SIGNATURE						

	STATE REGISTRAR		CERTIFIC	IENT OF HEALTH ATE OF DEAT	H	REG. NO.	+ 00100			
	1. DECEDENT'S NAME (First, Middle, Las	BLANCHE W. T	CHONED		MONTI		YEAR 3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER		OF BIRTH	8. BIRTHPLACE (State or Forei			
	249-78-1596	1 □ M 2 □ \$\frac{1}{2} \frac{1}{2} \frac\	49 VRS.	NTHS DAYS HOURS		08 45	S. Carolin			
NOR	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY O									
RECTO	RESIDENCE OF DECEDENT  10e. STATE 10b. COUR	NTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY			
B		ne Arundel				Decire of	1 YES 2 TO N			
ERAL	100. STREET AND NUMBER 103 Zepplin	Avenue		10f. ZIP CODE 212		10g. CITIZ	U.S.			
3	11. MARITAL STATUS  1 Never Married 2 IMerried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 NO	13. WAS DECENDENT O	F HISPANIC ORIGIN		14. RACE — American Indian Black, White, etc.  Specify: Black			
	15. DECEDENT'S EI (Specify only highest gra	DUCATION ade completed)	16e. DECEDENT'S US	done during most of working	0 16b	KIND OF BUSINESS/IND				
PLET	Elementary/Secondary (0-12) 12th	College (1-4 or 6+)	Teach	tired.)						
COMP	17. FATHER'S NAME (First, Middle, Last)		Teach		IER'S NAME (First, I	fiddle, Maiden Surneme)				
w L	Charles A. T	Williams	in the second		elen					
2	Richard Turi	ner		DRESS (Street and Number Zepplin A			del, MD212			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3, Diffe	emoval from State	Db. PLACE AND DATE OF C	ISPOSITION (Name of	DAT	20c LOCATION — (	City or Town, State			
10-	4 ☐ Donation 5 ☐ Other (Specify) ☐ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Flat Roc	Bapt. C	H.Cem.	Greenv	ille, S.C.			
	1 Storoth.	1 4	FSP #281	E.L.Phil		H1721-27	N.Monroe			
RTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (ON AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:							
IL CE	PART II. Other significent conditi	ons contributing to deeth	but not resulting in t	he underlying cause g	iven in Part i.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FIN			
: MEDICA			Part i, Per 2 Per							
CIAN CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DI	EATH (Check only on	0)				
14 SI	1 YES 2 NO	(Specify)	HIDED							
ВУ РН	27. MANNER OF DEATH . 26e. DATE OF INJURY 28b. TIME OF NJURY AT WORK?  1 Netural 5 Pending									
	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)  26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  26t. LOCATION (Street and Number or Rural Route)									
LETED										
COMPL		NER: On the basis of examinati								
iii	206. SIGNATURE AND VITLE OF DERTH	Wen // C		29c. LICE	MSE NUMBER	294. DATE	SIGNED (Moyon, Day, Warr)			
0 1	M, NAME AND ADDRESS OF PERSON V	MHO COMPLETED CAUSE OF D	EATH OTEM 3TI Close for	05	079	• /	14174			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the post of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

8	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF MONTH	DEATH	AY	YEAR	3. TIME OF DEATH	
	ROSCOE			WERTS						1	2		1994		М
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les	"	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF (Month, L			8. BIRTH Countr	IPLACE (State or Foreigny)	חן
- 0	215-12-5796		12 M 2 F	74	YRS.						-1919		SOUT	H CAROLIN	Α
OR	9a. FACILITY NAME (If not in		street and number)			96. CITY	r, TOWN	OR LOCAT	ION OF D	EATH		9c. COUN	ITY OF D	EATH	
ᇤ	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y, TOWN	OB LOCA	ION						10d. INSIDE CITY	=
DIRECTOR	MD.					BALTI			ΓY					LIMITS?	
FUNERAL	100. STREET AND NUMBER 5949 THE		EDA				10	21:	239				USA.	VHAT COUNTRY?	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (S If yes, specify Cuban, Mexican, Puerto Rical 1  YES 2 2. NO Specify:								t, White, etc.	
PLETED		EOENT'S EDU by highest grade 0-12)		+) (G	CEDENT'S ive kind of Do NOT u	work done se retired.)	during mo		ing	16b. K	IND OF BUS	SINESS/IND	USTRY		
COMPL	17. FATHER'S NAME (First, A	fiddle, Last)			HVIDAGIJA	TAVILE		18. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Surname)			
TO BE	190. INFORMANT'S NAME (		KNIGHT							Aoute Number,	-			239	
	20a. METHOD OF DISPOSIT	ION		20b. PLACE	_	_			DIII.	OATE	-	CATION —			
	1X Buriet 2 Crematic		oval from Stata	cemetary, cre	matory or o	ther place)				OAIL				MARYLAND	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	0	1	22.	NAME A	ND ADDR	SS OF FA						
	►( 1/2 A	000	-10	m	)									P.A.	
	23. PART I. Enter the d	Iseasea, or o	complications the	at caused the da	ath, Do									Approximate	
CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events	clona, dilate ING	b. DUE TO	O (OR AS A CONSECUTION OF	OUENCE O	F):								Interval Betw Onset and Do	
	PART II. Other significa	-	d.	death but not r	esulting/	in the w	nderivin	7.0000	alven in	Part I 2	4a, WAS AN	AUTODEY /	1 245	. WERE AUTOPSY FINDI	1000
MEDICAL	chro	nic !	Bedrid	Ven S	at	e		9 04455	given in		PERFOR	RMED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
	1 - 1	/					1			_				1 YES 2 NO	
A	25. WAS CASE REFERRISE T	D MEDICAL			_		26. P	ACE OF	DEATH (Ch	eck only one)					$\dashv$
SIC	1 U YES 2 NO		HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHE		o 5 🗆 f	lesidence	8 🗆 Other (S	Specify)			-V-10-10-00	
PHYSICIAN:	A STATE OF THE STA	Pending Investigation	28a. DATE O		28b. TIN		28c. IN.				RIBE HOW II	NJURY OCC	CURED	300	
ED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE (	OF INJURY At ho , atc. (Specify)	me, farm,	street, fec	tory, offic	•			ION (Street a Town, State)	and Number	or Rural F	Route Number,	
COMPLETED	anal anny		ICIAN: To the best of												
BE CO	29b. SIGNATUBE AND TITLE	0	// /	uli =	1 1/	n. X	oprinoti, (		ENSE NU		ru piace, en			(Month, Opy; Year)	u.
10	30. NAME AND ADDRESS O	F PERSON WH	IO COMPLETED CAL	ISE OF DEATH (ITE	М 27) (Туре				00	269	-5	1	14	77	
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	31. DATE FILED (Month, Day,		1	AR'S SIGNATURE											
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68760,	xecuted within	and completely
, P.O. BOX	eath certificate be e	attending physician
RECORDS	y requires that the d	then signed by the
MITAL	MAN TIN IS	Autorite has
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYS LAW TITLE IN FIGURES THE CEATH CERTIFICATE DE executed within 24 h	TO THE FUNERAL DIRECTOR: After this concern the tree to the attending physician and completely filled

	REGISTRAR	STATE 0		CERTIFICA	TE OF DE	EATH	REG. N	NE 94	00168
	1. DECEDENT'S NAME (First, Mide	41.					2. DATE OF DEATH MONTH		3. TIME OF DEATH
		d Gordon We					Jan. 4,		2:30 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	YRS. MONT		JNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Forei Country)
	220-14-6622 98. FACILITY NAME (# not institut				CITY, TOWN OR LO	CATION OF DE	Jan.31,1		MARYLAND
E	13802 Devor								
CTOR	RESIDENCE OF DECED	ENT	76			IdwIII	BALTIMORE		
DIREC		L COUNTY			WN OR LOCATION				10d. INSIDE CITY LIMITS?
	MARYLAND I	BALTIMORE		E	BALDWIN 10t, ZIP	conr		40- 0/7/750	1 YES 2 XN
RA		onfield Dri	370		101, 21	21013	1	log. Citizen	
FUNERAL	11. MARITAL STATUS	12. WAS DECE	EDENT EVER IN U.S.		C ORIGIN? (Specify	USA ? (Specify Yea or No.— 14. RACE American Indian			
BY F	1 Never Married 2 Marr 3 Never Married 2 Marr	IF YES, GI	1 YES 2 EVE WAR OR DATES	XNO	If yes, specify (		, Puerto Rican, atc.)	750	Black, White, etc. Specify:
ED B	-21	NT'S EDUCATION	Lan	2505051570 11011				1	WHITE
ETE	(Specify only high Elementary/Secondary (0-12)	hest grade completed)		(Give kind of work dife. Do NOT use retir	lone during most of w	working	16b. KIND OF E	BUSINESS/INDUST	RY
PLI	Elementary/Secondary (0-12)	College (1-4		Intern	al Audit	tor	Ac	countin	ď
COMPLET	17. FATHER'S NAME (First, Middle,						IE (First, Middle, Maid		<u> </u>
BEC	Andrew	Shirley W	lebster			Elva	h May Mo	ore	
0	19a. INFORMANT'S NAME (Type/F						oute Number, City or 1		de)
-	Bruce Howard	d Webster,					Balto.,		234
	20a. METHOD OF DISPOSITION 1 Devices 2 Cremetion 3		20b. PLAC cemetery,	CEAND DATE OF DIS	POSITION (Name of ace)		DATE 20c.	LOCATION — City	or Town, State
	4 Donation 5 Other (Spe-		St.	John s	Luth. Chu			weet Ai	r, MD
	Mar		unn	200				feld, I	nc
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	23. PART I. Enter the disees ehock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	fellure. List only one	that coused the	ine.	10 W. I	Padonia f dylng, such	Rd., Ti	monium,	MD 21093 Approximete interval Bet
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.	34	00103
	10	1. DECEDENT'S NAME (First, Middle, Lest)	+. Wilson			DEATH	2. DATE O		5 94"	JEAR 3. TIME OF DEATH
	8	4. SOCIAL SECURITY NUMBER 217–68–0221	5. SEX 8. AGE 1 M 2 X F	(In yrs. last birthday) 38 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTH Day, Year) -11-55		BIRTHPLACE (State or Foreign Country)
3 should	~	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF D				MD Y OF DEATH
1, 2,	RECTOR	UNIVERSITY HOSPIT	AL		BALTIN	ORE			N/A	
permit. Pages	ā		/A		Y, TOWN OR LOC ALTIMORE					10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	ERAL	100. STREET AND NUMBER 4131 EIERMAN AVEN	UE			21206		.1	-	N OF WHAT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	BY FUNE	11. MARITAL STATUS  1 Never Married 2 Werried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	ECENDENT OF HISPA specify Cuben, Mexic S 2/XNO Speci	an, Puerto Ri	(Specify Yee or cen, etc.)		J. RACE — American Indian, Black, White, etc. Specify:
15-0 ttending e as the		15. DECEDENT'S EDUC		16a. DECEOENT'S	USUAL OCCUPAT	TION	165 1	KIND OF BUSIN	ESS/INDI IS	BLACK
	PLETED	(Specify only highest grade of Elementary/Secondary (0-12)  12th	College (1-4 or 5+) N/A	(Give kind of the life, Do NOT ut	work done during n	nost of working	100.	N/A	E33/MD03	Thi
the hospital detached for	СОМР	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mi		rname)	
ARYL ned by th ould be	B	LEROY HARRISON  190. INFORMANT'S NAME (Type/Print)		195 MAII ING	ADDRESS /Come	FANNIE and Number or Rural			200	MITTER EN PEROS
be retained to ge 5 should	욘	GAYLORD WILSON		4131	EIERMAN	AVE./BA	LTIMO	RE, MD	2120	6
MORE, age 6 may be director, page er must be		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo		D.PLACE AND DATE OF THE PROPERTY OF THE PROPER			OATE			y or Town, State
Fage 6 ma ral director, p		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		ING MEMOR		AND ADDRESS OF FA	ACILITY	RANDA	4PP2T	OWN, MD
BALTIN ter death. Pag the funeral di val.  il examiner		> ( lanelse	TAN	_	WM.C.	MARCH F.	H./11	01 E. 1	NORTH	AVENUE
24 hours aft filled in by sion, or remo		23. PART I. Enter the disease, or concendence, or heart fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused ist only one cause on e	d the deeth. Do reach line.		ede of dying, suc		ec or respirat	ory arrest	t, Approximate interval Between Onset and Death
ed w		Touching in deathy	DUE TO (OR AS	A CONSEQUENCE O	F):	10101011191	7			1245.
K c - =	CATION	Sequentially list conditione, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	F):					
e by a	FICA	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	F):					
1 5 5 6	CERTIFIC	resulting in desth) LAST			. ,.					
		PART il. Other eignificant conditione	contributing to death b	out not resulting	in the underlyi	ng ceuse given in	Part I. 2	24a, WAS AN AU		24b. WERE AUTOPSY FINDINGS
amy are	MEDICAL	Cacami	use hype	rtervier			_ ] .	PERFORME	1.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
~ 0 ~								ľ	\	1 TYES 2 NO
The faw las b Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			PLACE OF DEATH (C)	heck only one)			
SICIAM The St	HYSI	1 YES 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2 ☐ ER/Outp	patient 3 🗆 DOA		me 5 🗆 Residence		(Specify)	Im. 00011	
NG HYS	ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)		URY W	YES 2 NO	28d. DE\$C	HIBE HOW INJU	INT OCCUR	EO
TENDI TENDI	ETED B	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, scify)	street, factory, off	ice	26f. LOCAT City or	ION (Street and Town, State)	Number or I	Rural Route Number,
로로만=	COMPLI		IAN: To the best of my know							ause(s) end menner as stated.
TO THE HOSP! TO THE FUNE! De Shed within	8	296. SIGNATURE AND TITLE OF CERTIFIER	wo wo			29c. LICENSE NUI	MBER	29	9d. DATE SI	IGNED (Month, Day, Year)
	2	30. NAME AND AGORESS OF PERSON WHO	( 11	ATH (ITEM 27) (Type,	D	т \ Ц.	_			· -
		31. DATE FILED (Month, Day, Year)	32 BEGISTRAR'S SIGN		of May	TEM TO	SylW			
		JAN 0 61994	Julio Danden	1. Shrama						

death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF MITAL RECORDS, P.O. BOX 68760,

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OR ALLENDING PHYSICIAN	DIRECTOR: After this be-	ours after death with the S
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USPITAL OR ALLENDING PHYSICIAN THE WIREQUIES THE DISCOURT CENTICES TO EXECUTE WHITH THE NOUNS STEEL	JNERAL DIRECTOR: After the Description	thin 72 hours after death with the State Dept. of Health and Mental Hydene prior to burial, cremation, or removal

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. TEGISTRABIO SIGNATURE

JAN 0 7 1994

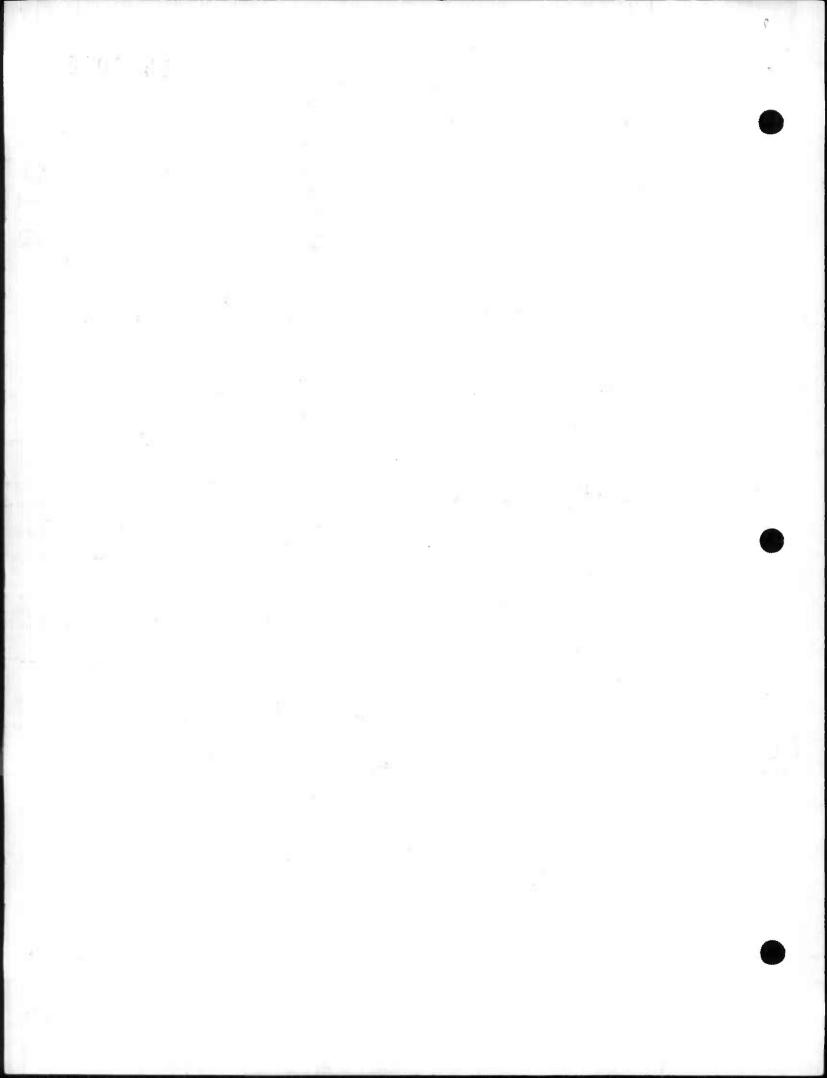
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 HERMAN AUSTIN 3 2:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTTH 6. BIRTHPLACE (State or Foreign 79 016074XXM20F 11/20/14 MARYLAND permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3406 FAIRVIEW RD. BAL DIRECTOR 10 RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTO 1 TES X THO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3406 FAIRVIEW RD. 21207 use as the burial-transit USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. FORCES? YES 2
IF YES, GIVE WAN OR DATES 1 Never Married 2 Married Specify: BLACK BY 1 YES X NO Specify: 3 Widowed 4 Divorced 145-1 130/5 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT, use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest entary/Secondary (0-12) director, page 5 should be detached for College (1-4 or 5+) Bell Steel EL emanTRIES 17. FATHER'S NAME (First, Middle, Last) SAMUEL AUST. 1 heresa SAVAGO 7 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 5 406 FAIFVIEW AUST ELLA 90 20e. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must CROWN & VILLE, Ma 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY LOCKS FUNERAL HOME 1304 N. CENTRAL AVE Innot medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximete interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death the disease or condition resulting in death) METASTATIC LUNG CANCER event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST 0 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL CO NONANY ARTERY Item 23 shows any DISEASE 1 WES 2 NO OF DEATH? CEREBROVASCULAR DISEASE 1 - YES 2 - NO UBSTRUCTIVE PULMONANT BY PHYSICIAN: CHAGNIC DISEASE 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 1 YES 2 NO Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide Item 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JI

D40059

JOINERS 174 OF MARYLAND HOSPITAL DEPT OF MEDICINE ZZ S. GREENE ST BARTIMORE ND ZIZOI

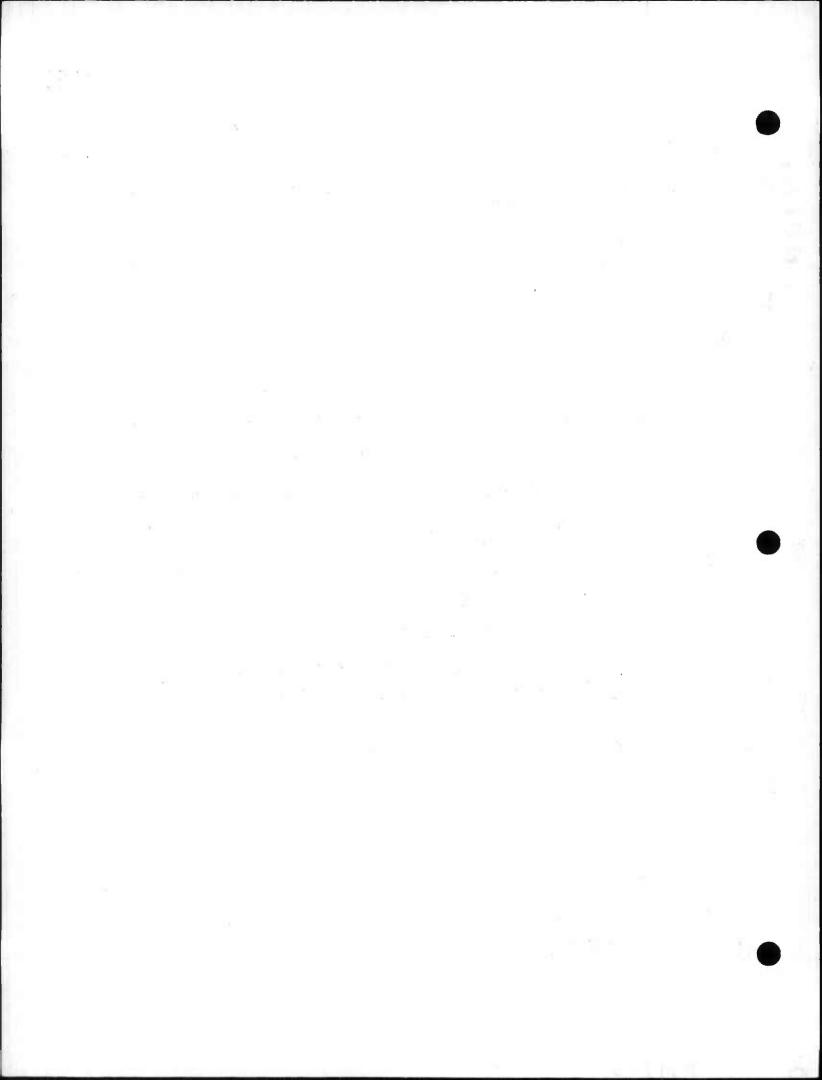
1/6/94



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00165
CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH DE	v	YEAR	3. TIME OF DEATH
	VIOLET M. ASI	KINS								4	7	14	10:25 Aм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDE	DAYS	IF UNDE	R 24 HRS.	?. DATE OF (Month, De			8. BIRTHE	LACE (State or Foreign
	215-74-7780	1 M 2 X F	85	YRS.	MOHINS	UAYS	HOURS	MITTEL.	MAY 1		8		RYLAND
~	9a. FACILITY NAME (If not institution, give						OR LOCAT		ATH		9c. COU	NTY OF DE	ATH
DIRECTOR	FREDERICK HOUSE	(CHARLES	rown)		(	CATO	NSVII	LE				BALT	MORE
ñ	10a. STATE 10b. COUNT	ГУ		10c. CIT	Y, TOWN	OR LOCA	TION					T	10d. INSIDE CITY
5	MARYLAND	BALTIMOR	E	CA	ATON	SVIL	LE					1	LIMITS?
A	10e. STREET AND NUMBER					10	H. ZIP COD	E			10g. CIT	IZEN OF WI	HAT COUNTRY?
FUNERAL	709 MAIDEN CHOI	CE LANE-#	FH416				2122	8			U	.S.A.	
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	ARMED VNO	13.				IIC ORIGIN? (S		or No-	14. RACE Black,	American Indian, White, atc.
В	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	Λ.			XX NO			.,,		Specify	
	15. DECEDENT'S ED		16a, 0	DECEDENT'S	USUAL C	CCUPATI	ON			ND OF BUS	INESS/IN	DUSTRY	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	e completed) College (1-4 or 5+	, /	(Give kind of tille. Do NOT us	work done se retired.)	during m	ost of worki	ng					ľ
蔓	8TH GRADE		HOI	MEMAKI	ER					HOME	MAKI	NG	
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Sumame)		
BE	HERBERT LIONEL T	ILGHMAN						JE	SSICA	WILT			
2	19a. INFORMANT'S NAME (Type/Print)	TEC							Poute Number,				01107
	PATRICIA A. RUGG	LES						TON	ROAD -	,			
	1 N Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	LAKE	EANDDATE	MEMO	RIAL	ame or PAR	K	1/7		ESVI:	City or Tow LLE	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1		22.	NAME A	ND ADDRE	SS OF FA					
	23. PART I. Enter the diseases, or	Colem	an		4	10/	WILK	ENS A	AL HOM AVENUE	-BAL	TIMO!	RE, M	D. 21229
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Dey on the second	OF AS A COMB	equence of	M.	is W	J						Interval Between Onset and Death
IN: MEDICAL	PART II Other eignificant condition	Reed The Lot	CAS	A T		10	THE STATE OF THE S	21.	1	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?  1 YES 2 NO
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТИНБ	70.19	LACE OF C	DEATH (Ch	eck only one)				
PHYSICIAN:	1  YES 2 NO	1 Inpatient 2 I		3 DOA	4 A Nu		ne 5 □ R	ealdenca	6 Other (S		HIEW OC	CURED	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Di			IURY M	W	ORK? YES 2 [	□ NO	28d. OEŞCRI	IRE HOW IP	VJURY OC	CURED	
	3 Suicida 8 Could not be 4 Homicide determined	28s. PLACE Of building,	F INJURY At i atc. (Specify)	home, farm,	street, fac	tory, offic	ce		281. LOCATIO	ON (Street a own, State)	nd Numbe	r or Rural Ro	oute Number,
COMPLETED	onel	SICIAN: To the best of											C COMPONENT CONTRACTOR
S	2 MEDICAL EXAMIN		camination and/o	or Investigation	on, In my	opinion,							
띪	29b. SIGNATURE AND TITLE OF CERTIFIE	3000					29c. LIC	SENSE NUN	BER C	3	29d. DAT	1/4	Month Day, Year)
임	30. NAME AND AGGRESS OF PERSON W								-				
1	DR. RAFAEL MARIN	1 - 3455 V	VILKENS	AVEN	UE -	SUI	TE 3	06 -	BALTI	MORE	MD	. 212	29
	31. OATE ILEO (Month, Day, Year)	JZ/HEUISTHA	R'S SIGNATURE	The same of the sa									



31. DATE FILED (Month, Dey, Year)

JAN 0 71994

ITEMS: 23 PART I, 27, PER MEO FILM G-707 1/25/94 t.t

	TEMS: 23 PAR FOR 1 - STATE REGISTRAR	RT I,	STATE OF	MARYLANI		RTMENT	OF I	IEALTH	AND N	MENTAL	HYGIEN REG. NO.	94	0	0166
	1. DECEDENT'S NAME (First, Mic	idle, Last)	17	MAE		ВІ	ENN	ETT		2. DATE O	OF DEATH	4	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-54-3517		5. SEX 1  M 2	6. AGE (In yrs	s. last birthday)  YRS,	IF UNDER	DAYS	IF UNDER	MIN.	12-3	F BIRTH Day, Year) 0-194	9	Country)	ACE (State or Foreign H CAROLINA
ECTOR	99. FACILITY NAME (If not institute as a ST WHITE RESIDENCE OF DECEMBER 1)	AVE			1	9b. CITY,			ON OF DE	ATH			E AR	UNDEL
HG	MARYLAND	A)	NNE ARUN	DEL	10c. CI	LINT	HIC	UM					1	Od. INSIDE CITY LIMITS?  YES 2XXNO
FUNERAL	100. STREET AND NUMBER 837 WHITE AVE	NUE						f. ZIP COD	2109				U.S.A	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Mee 3 Widowed 4 XDivorced			NT EVER IN U.S 1 YES 2 WAR OR DATES	ZNO	l II	f yes, sp	ecity Cube	OF NISPAN In, Maxican Specify	, Puerto Ri	(Specify Yes icen, atc.)	or No—	14. RACE — Black, W Specify:	American Indian, vhite, etc.
PLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)				Give kind of life. Do NOT u	work done a ise retired.)	during mo	st of working	ng	1000	KIND OF BUS			ACE TAVER
BE COMPL	1	NRY	BABB					EAR	LINE	MYRA	odde, Maiden OWEN	S		
5	199. INFORMANT'S NAME (1990/ TAMMY R. BENN										E, MA			207
	20e. METHOD OF DISPOSITION  1 Burlet 2 Coremetion  4 Donation 5 Other (Spe	iclfy)			LTOP C					1/8			MARYI	
	23. PART i. Enter the diage	ses, or o	Deva	at ceueed the	daath, Do	1	SEC	OND		JE, SI				HOME, MD. 21061
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)		FATTY		ent:	DE)								Interval Batweer Onset and Daeti
CERTIFICATION	Sequantially list conditions if any, leeding to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST		DUE TO	O (OR AS A CON	NSEQUENCE C	)F):								
MEDICAL	PART II, Other eignificent of	ondition	s contributing to	death but n	ot resulting	in the und	derlyin	g ceuse (	given in I	Part i.	24s. WAS AN PERFOR	MED?	AM CC DF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MI EXAMINER? XIX YES 2 \( \square\) NO	DICAL	HOSPITAL:	T EDIO ALMI		OTHER	t:			ck only one)				
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pero	ding	28e. DATE Of (Month, E	FINJURY	28b. TIN		28c. INJ WC			28d, DESC	(Specify)	JURY OCC	URED	
ED	3 Suicide 8 Cou		28e. PLACE ( building	OF INJURY — A, etc. (Specily)	t home, term,	street, fecto	ory, offic	•			TION (Street a Town, State)	nd Number	or Rural Rout	e Number,
COMPLET			CIAN: To the beet o											nd menner ee stated,
TO BE C	296, RIGHAYUHE AND TITLE OF	-	orbe	MD				1.71	C.M				- 5 - 9	onth, Day, Year) 4
-	30. NAME AND ADDRESS OF PE	Loc	KE, M	0	111 I		St	reet	, в	alti	more	, Ма	ryla	nd 21201
	31. DATE FILED (Month, Day, Year,			AR'S SIGNATUR	- Randa	J.								

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BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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THE HEAT IN A STENDING PRISONER. THE IMPROVED THAT THE GOALL COLUMNICATE DE EXECUTED WITHIN THAT DE ALIE DE MAY DE TRIANGED BY THE HOST	IN THE AMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	research with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	00167
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	1 - STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTM	ENT OF H	EALTH AND M	IENTAL HYGIEN	94	00167
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	JAMES RANDOLPH  4. SOCIAL SECURITY NUMBER		The A Secretary I was			JANUARY 3	,1994	M
	228-52-1248	5. SEX 8. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	
	9a. FACILITY NAME (If not institution, give		9b.	. CITY, TOWN C	R LOCATION OF DEA	APRIL 29,	9c. COUNTY OF	
OR	VA MEDICAL CENTE	IR .		FORT H	OWARD		BALTI	MORE
EG	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION .			10d. INSIDE CITY
P. C.	MARYLAND	MORE COUNTY	Turne	ers St	ation			1 YES 2 NO
RAL	10a. STREET AND NUMBER 118 CENTER STREE	уm			ZIP CODE			WHAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMEO			C ORIGIN? (Specify Yea	USA or No.— I 14 BA	CE — American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 K Divorced	FORCES? 1XX YES 2   IF YES, GIVE WAR OR DATES	NO	If yes, spe	elfy Cuban, Mexican, 2 X NO Specify:		Ble	ock, White, stc.
	15. DECEDENT'S EDU	14/11/67 to 5/3					B]	ack
COMPLETED	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during mo:		16b. KINO OF BUS	INESS/INDUSTRY	
APL	Elementary Sections y (0-12)	College (1-4 or 5+)	Cab D	river		1-10		
S	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	Surname)	
BE	JOHNNY SYDNOR  198. INFORMANT'S NAME (Type/Print)		401 1141 114 114		MARY E.	BRANDON		
5	Dr. Mattie Luc	ag				oute Number, City or Town		
	20a METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF DE	SPOSITION (Na		OATE 20c. LOC	CATION - City or	Town, State
	4 Donation 5 Other (Specify)	Gai	crematory or other p	Fores	t V.A.		ings M	ills. Md.
1	21. SIGNATURE OF FUNERAL SERVICE LI			James	A. MOT	ton & Sc	ns	
		· mostor		1701	Laurens	St. Bal	to. M	id. 21217
	23. PART i. Enter the diseases, or ahock, or heart failure.	complications that caused the List only one cause on sech i	death. Do not a line.	antar tha mo	da of dying, auch	as cardiec or reapi	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	CARCINOMA OF	LARYNX					Onset and Death
	resulting in death)	DUE TO (OR AS A CON	SEQUENCE OF):					
Z	Sequentially list conditions,	b						
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF):					
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):			10.1 Ap. 10		
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other significent condition	ns contributing to death but no	ot resulting in th	ne underlying	cause given in P			Ib. WERE AUTOPSY FINDINGS
DICA						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
ME								1 O YES 2 O NO
AN	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?	HOSPITAL:	1 DOA 4	THER:	ACE OF DEATH (Chec			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURED	
BY F	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJURY — Al building, etc. (Specify)	l home, farm, stree	i, factory, office	AL - 31	281. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,
<u></u>	29a. CERTIFIER							
COMPL	in a second seco	ICIAN: To the best of my knowledge, ER: On the basis of examination and						(a) and manner as stated.
EC	296. SIGNATURE AND TITLE OF PERTIFIE	R MAA			29c. LICENSE NUME	DER I		(Month, Day, Year)
TO BE	K W	us mo			115932	2		3 1994
F	30. NAME AND ADDRESS OF PERSON WE							de de la lacina
	RAUL LOPEZ, M.D.  31. DATE FILED (Month, Day, Year)			ORT HO	WARD, MAF	RYLAND 210	52	
	JAN 0 7 1994	III HEISTRAB'S SIGNATUR	findage					Open Total

		neral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		insit permit. Pag
215-0020	th. Page 6 may be retained by the hospital or attending physician.	e as the burial-tn
.TIMORE, MARYLAND 21215-0020	the hospital or a	detached for us
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LIMORE	. Раде 6 тау	ral director, pay
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached oval.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
fter death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within riours after death. Page 6 may be retained by the hospi
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760.

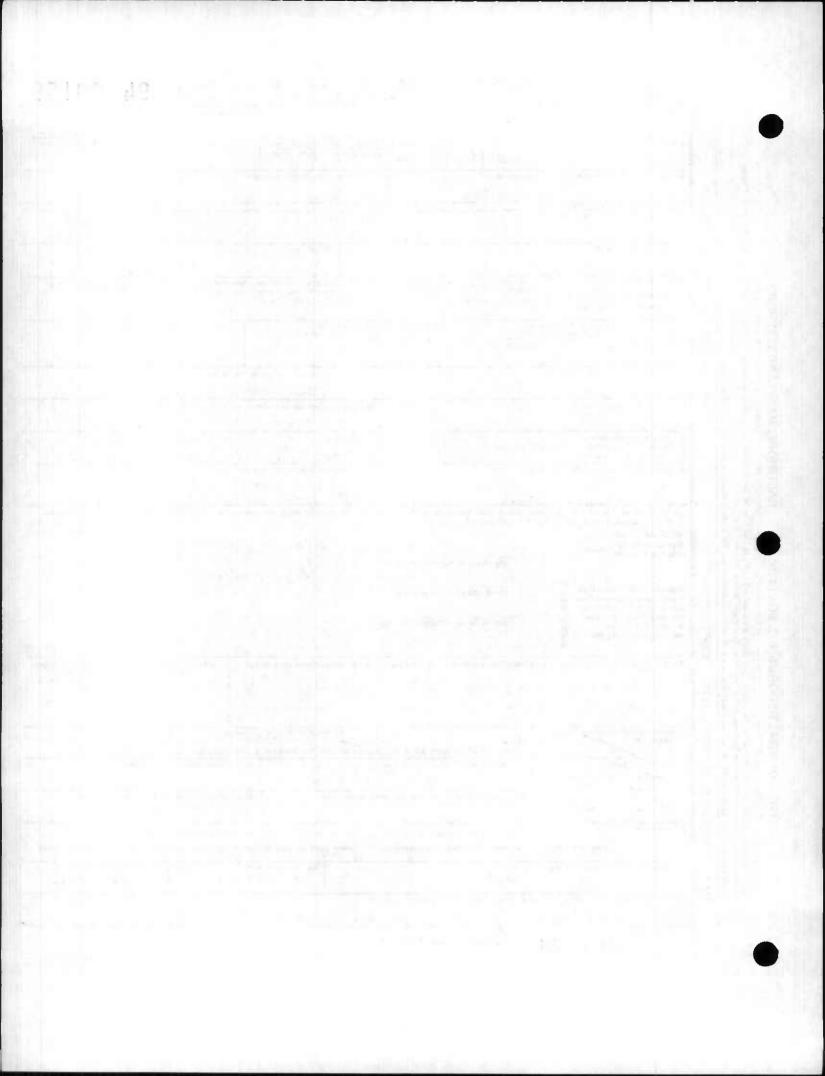
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00168

FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE REG. N		00168
1. DECEDENT'S NAME (FIN	- 11 .	URDINSKI	Jr.			2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUM	8989	1 34 2 - F		UNDER 1 YEAR HTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	16	BIRTHPLACE (State or Foreign Country) OHIO
90. FACILITY NAME (If not PARE)	SUR	HOUPITAL			PRIOCATION OF D		BC. COUNTY	Y OF DEATH
RESIDENCE OF DE	10b. COUNTY		10c. CITY, T	OWN OR LOCAT	MORE	-		10d. INSIDE CITY LIMITS? 1 TES 2 NO
10. STREET AND NUMBE	0 4	LL STRE	ET		ZIP CODE 21230 -		10g. CITIZE	N OF WHAT COUNTRY?
3 Widowed 4 Di		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2)(10	If yes, sp		NIC ORIGIN? (Specify ) an, Puerto Rican, etc.) by:	Yes or No — 14	Black, White, atc. Specify:
18. DE (Specify of Elementary/Secondary 9th G1* 17. FATHER'S NAME (First,		CATION completed)  College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of work life. Do NOT use in	done during mo tired.)	st of working	1000	ATERFR	
Walter		rdinski, Sr				nanie Kyo		
190. INFORMANT'S NAME Cecelia	Type/Print) Burdir	nski	196. MAILING AD 1205 F	DRESS (Street of	nd Number or Aurel treet,	Baltino	iwn, State, Zip Co re, MD	21230
1 Buriel 2 Cremet 4 Donation & Other 21. SIONATURE OF FUNER		The state of the s	etery, cremetory or other car hill (	emeter 22. NAME AI Charle	D ADDRESS OF FA			
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	neart fallure.	complications that cause characteristics on a cause on a	ach line.				piratory arrea	Approximata interval Between Onset and Death
		DUE TO (OR AS A	CONSEQUENCE OF):		CFK	BALLE		1000
Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	ring ury	- Acy	CONSEQUENCE OF):	NAL	FAIL	UKĒ		loday
Cona	ESTIL NGAL	contributing to deeth b	PAOPHOIC	he undarlying	g cause given in	Part I. 24a. WAS / PERF:	AN AUTOPSY ORMED? 2 D-NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL				ACE OF DEATH (CA	eck only one)		
1 TES 2 NO		HOSPITAL: 1 □ Inpetient 2 □ ER/Outp 28e. DATE OF INJURY				6 Other (Specify)	Y INJURY OCCUI	RED
a C autota —	Pending Investigation	(Month, Day, Year)  280. PLACE OF INJURY	— At home, farm, stre-	M 1 🗆	RK? /ES 2 NO	28f. LOCATION (Stree	et end Number or	Rural Route Number,
4 Homicide	Could not be determined	building, etc. (Spec	:ny)			City or Town, Sta	(e)	
(Check only 1 CEI		CIAN: To the best of my know R: On the besie of examination						couse(a) end manner oo stated.
296. SIGNATURE AND TITE	E OF CERTIFIER	You of			29c. LICENSE NU		29d. DATE S	IIGNED (Month, Day, Year)
30, NAME AND ADDRESS	F PERSON WH	O COMPLETED CAUSE OF DE			L CE		300)	J. HANUERS
31. DATE FILED (Month, De		GISTRAR'S SIGN	ATURE	A ( (I)	L CE	NIEK		No.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

94	0	0	1	6	C
	0	4		0	-

	1. DECEDENT'S NAME (First, Middle, Last)  Mary Josephine Bocek  2. DATE OF DEATH MONTH DAY Jan. 4, 1994								3. TIME OF DE 5:15				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birth			st birthday)	IF UNDER I		IF UNDER		7. DATE	OF BIRTH		0. BIRTH	IPLACE (State or
	220-44-5692 1 □ M 2 🕱 F 95 YRS.					DAYS	HOURS	MIN.	May	3, 1		Mai	yland
_	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY,	TOWN C	OR LOCATIO	ON OF DE				UNTY OF D	EATH
DIRECTOR	Overlea Gardens		Baltimore										
EC						R LOCAT	TION						10d. INSIDE CI
	Maryland	Bal	Ltimo	re							LIMITS?		
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	TIZEN OF Y	VNAT COUNTRY
NE	812 N. Milton Av						21205				U.S		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 X WAR OR DATES		16	yes, spe	ENDENT OF ecify Cuber 2 X NO	, Mexica	n, Puerio F	? (Specify ican, atc.)	Yes or No	14. RACE Black Speci	E — American in c, White, etc. fy: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			CEDENT'S	USUAL OC	CUPATIO	ON set of working	n	16b.	KIND OF	BUSINESS/IN	IDUSTRY	
9	Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A H				work done di se retired.)	aring mo	ot or working						
MP	N/A N/A  17. FATHER'S NAME (First, Middle, Lest)			Homemaker				Own Home  AME (First, Middle, Maiden Surname)					
	Joseph Klima								ne Sh		,		
BE (	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	1				Town, State, Zi	ip Code)	
5	Charles Bocek (S	on)									re, M		205
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Real	movel from State	20b. PLACE	AND DATE	OF DISPOSIT	TION (Na	ime of		DATE	_	LOCATION -		
	4 Donation 5 Other (Specify)		Most Most	Holy				_	1/8	Ва	altimo	ore,	Maryla
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /					ND ADDRES			11-	00 T		
	1 Minus	Tenio									es, In		.1 010
	IMMEDIATE CAUSE (Fine disease or condition resulting in death)	List only one ce	use on each line	).	not enter t	the mo	de of dylr	ng, suci	h as cerd	lec or re	spiratory er	rrest,	Approxi Interval Onset a
TIFICATION	IMMEDIATE CAUSE (Final disease or condition	a.  DUE TO  DUE TO  C.	O (OR AS A CONSECUTION OF	QUENCE OF	not enter t	the mo	de of dylr	ng, suci	h as cerd	lec or re	spiratory er	rrest,	Approxi
CAL CERTIFICATION	IMMEDIATE CAUSE Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO  C. DUE TO  d.	O (OR AS A CONSECUTION OF	QUENCE OF	Pi:	Co	ide of dylr	ng, such	Cou	dec or reduced	spiratory er	rrest,	Approxi Interval Onset a
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpatient 2   28e. DATE 0   (Month, insert of the content	D (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	QUENCE OF A CONTROL OF THE PROPERTY OF THE PRO	P: OTHER	28. PL	G Ceuse G  ACE OF DE  ACE OF DE  OF S   Rei	iven in	Part I.  28d. OES	24a. WAS PERI 1 YES (Specify) (CRIBE HO	AN AUTOPSY FORMED?	24b.	WERE AUTOPSY AMALBUE PINC COMPLETION OF DEATH?
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,  JOHNSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. If the IRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral			e a
DIVISION OF VITAL RECORDS, P.O. BOX 13146,  SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after Thin RFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	¥	deat	\$
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DIVISION OF VITAL RECORDS, P.O. BOX 11  SEPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ess TINERAL DIRECTOR: After this certificate has been signed by the attending physician at	5	cute	0
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DIVISION OF VITAL RECORDS, P.O.  SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif The NEVAL DIRECTOR: After this certificate has been signed by the attending	Ď	icat	phys
DIVISION OF VITAL RECORDS, P. O. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death of The NERAL DIRECTOR: After this certificate has been signed by the attend	o	erti	2
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DIVISION OF VITAL RECOR		#	y th
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DIVISION OF VIT  JESPITAL OR ATTENDING PHYSICIAN: 1  TAINERAL DIRECTOR: After this certificat	4	130	9
DIVISION OF V JESPITAL OR ATTENDING PHYSICIA PLINERAL DIRECTOR: After this certi	3	N:	ficat
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DIVISION  JEPITAL OR ATTENDING P	5	HAS	his
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BEPITAL O	>	A H	IREC
H.SPITZ FUNERA		AL O	0
-		PIT	ERA
	-	-	2

	FOR STATE REGISTRAR	STATE OF M				HEALTH AI		G. NO.	4 00170
	1. DECEDENT'S NAME (First, Middle, Last)  Marie I. B				2. DATE OF DE	DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  218-09-1439 9a. FACILITY NAME (If not institution, give a	5. SEX	8. AGE (In yrs. Ins		MONTHS DAY		(Month, Day,	-05	BHTHPLACE (State or Foreign Country)  BAHIMETE TY OF DEATH
TOR	Bon Se Cours	1.	hal		BA	timare	City	92. COUN	- DEATH
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CITY	ROLL	CATION	City		10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	Ball				101. ZEP CODE	3	10g. CITIZ	EN OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1   Niever Married 2   Married 3   Widowed 4   Divorced		IT EVER IN U.S. AR YES 2 TA WAR OR DATES		If you		HSPANIC ORIGIN? (Spe Mexican, Puerto Rican, Specify:	cify Yes or No— etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	CEDENT'S IN THE BOOK WAS TO SHOOT US	e retired.)	ATION most of working	18b. KIND Self	OF BUSINESS/INDI	
BE COM	17. FATHER'S NAME (First, Middle, Lest) George E. Gettier					14 5 7 6 7 7 7 7	rs NAME (First, Middle, Herring	Maiden Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print)  R. Reid Brinkman						Aural Aoute Number, Cit enue, Balt		
	20s. METHOD OF DISPOSITION 1 Dental 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pl	OF DISPOS	ark Ce	cometers, cremeto emetery	ry or	20c. LOCATION — C Woodlawn	Oty or Town, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE		2.					eral Home, Inc utus, MD 21227
4	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	use on each line	iger t	tue 1	mode of dying	Faullu	er respiratory erro	Approximate Interval Between Onset end Deatl	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	4re	COR AS A CONSE	rotee	dw (dee	my of	hoten.		Years Years
MEDICAL C	PART II. Other significant condition	ns contributing to	death but not	resulting i	n the under	ying cause giv		WAS AN AUTOPSY PERFORMED? YES 2 10	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2  NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		TH (Check only one)		1
	1 TYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28a, DATE OF	FINJURY	28b. TIM	E OF 28c.	INJURY AT WORK?	-	elly) E HOW INJURY OCC	CURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		of INJURY — At he etc. (Specify)	ome, farm, s	street, factory,	office	28f. LOCATION City or Tow		or Rural Route Number,
COMPLET	CONTROL ONLY	77					nd due to the cause(a) at the time, date and p		ed. s cause(s) and manner as stated.
BE	206. BIOLOGICE AND STELL OF CENTURE	em	u a	10		29c. LICENS	D 2 302	29d. DATE	E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W		ISE OF DEATH (ITE	EM 27) (Type,	Seco	ines	Kladit	0	
	DE WAYEL	ELLWE			oc.co	ucs.	royul		

1.11.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO

			CERTIFI	OATE OF	DEATH	HEG	NO.	
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEAT	TH DAY	YEAR 3. TIME OF DEAT
	DOUGLAS B. BRAI					JANUARY	2. 199	4 1:20
	217-01-4041	1 🗙 M 2 🗆 F		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye JAN. 1, 1	914 SI	BIRTHPLACE (State or For Country)  UMMIT POINT
SB	80. FACILITY NAME (If not institution, git 800 UNETTA AVEN			BALTI	OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH
CTO	RESIDENCE OF DECEDENT							
DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN O							10d. INSIDE CITY
	100. STREET AND NUMBER	MARYLAND BA					40- CITIZE	t\ ☐ YES 2 ☐
ERAL	800 UNETTA AVEN	IIIF			H. ZIP CODE 21229	_4608		U.S.A.
FUNI	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC		ANIC ORIGIN? (Speci		4. RACE — American Indi
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VE		If yes, sp		ican, Puerto Rican, et		Black, White, etc.  Specify: WHIT
ED	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a. DECEDENT'S U	JSUAL OCCUPATI ork done during me	ON ost of working	16b. KIND O	F BUSINESS/INDU	STRY
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
COMPL	3rd		ASSISTA	NT GAUG			EHEM ST	EEL
_	17. FATHER'S NAME (First, Middle, Last)				272 30 310	NAME (First, Middle, M	110	
BE	OSCAR W. BRADY  19e. INFORMANT'S NAME (Type/Print)		40. 41.11.11	1000000		NNIE E. E		
2		V TD				DAT TTMAT		
	DOUGLAS B. BRAD		0b. PLACE AND DATE OF			BALTIMOF	E, MD.	
	1 M Burial 2 Cremation 3 R	lemoval from Stata Co	emetery, crematory or oth	ner plece)				
	21. SIGNATURE OF FUNERAL SERVICE		DUDON PARK		ND ADDRESS OF	1/6   FACILITY	BALTIMRO	OE
	· M Ma	011						
		VIN	,			AL HOME I		
	IMMEDIATE CAUSE (Final disease or condition	re. List only one ceuse on	eech iine.	4107 W	VILKENS ode of dying, ac	AVENUE-BA	LTIMORE reapiratory arres	, MD . 21229 st, Approxim interval B Onset and
RTIFICATION	ahock, Dr heert feilur IMMEDIATE CAUSE (Final	a. DUE TO (OR AS	ed the deeth. Do no eech line.  A CONSEQUENCE OF)  A CONSEQUENCE OF)	4107 We pot enter the modern conductions:	VILKENS ode of dying, ac	AVENUE-BA	LTIMORE reapiratory arres	et, Approxim
CERTIFICATION	ahock, Dr heert feiture immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	4107 Water the modern	VILKENS  ode of dying, at	AVENUE-BA	LTIMORE reapiratory arrest	st, Approxim Interval B Onset and
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MEDICAL C	ahock, Dr heert feiture immediate cause. Enter UNDERLYING CAUSE (Plant in the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eech line.  A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in	4107 We not enter the modern the underlying the underlying 26, P	VILKENS  ode of dying, at	AVENUE – BA Joh aa cardiac Dr  Lin Part I.   24a. We pe	LTIMORE reapiratory arrest  COASE  S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY F AMALBUE PRIOR COMPLETION OF C DF DEATH?
SICIAN: MEDICAL C	ahock, Dr heert feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the conditions of the conditions of the cause	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eech line.  A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in	26. POTHER:	DILKENS DODE OF DEATH (Interest)  LACE OF DEATH (Interest)	AVENUE—BA  Joh as cardiac or  A	S AN AUTOPSY PROPINED? ES 2 NO	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
PHYSICIAN: MEDICAL C	ahock, Dr heert feiture immediate cause. Enter UNDERLYING CAUSE (Plant in the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eech line.  A CONSEQUENCE OF)  A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not resulting in	26. P OTHER: 4   OF   VIII   OTHER: O	OTLIKENS  ODE OF DEATH (	AVENUE—BA  Joh as cardiac or  A	LTIMORE respiratory arrest  CASE  S AN AUTOPSY REFORMED? ES 2 M NO	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
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death. Page 6 m	neral d	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	'ematin
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH REG. N	NE 94	0017	

	FOR STATE REGISTRAR		) / DEPARTMENT OF F		ENTAL HYGIENE REG. NO.	94	00172.
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH
- 1	Ida G.	Brown		13	Tanuary 2	2, 199	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.	77		Month, Day, Year)	8. B	IRTHPLACE (State or Foreign
	214 14 0920	1 M 2 F 72	YRS. MONTHS DAYS	HOURS MIN.	an.14,19		
	9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN	OR LOCATION OF DEAT		9c. COUNTY C	
CTOR	1214 W. 36th	Street	Balt	imore		Balt:	imore City
5	RESIDENCE OF DECEDENT  10a. STATE 10b, COUNT	TY .	10c, CITY, TOWN OR LOCAL	TION			
DIRE		imore					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	TIMOLE	<u>Baltimor</u>	f. ZIP CODE	-	100 CITIZEN	1 ₩ YES 2 NO
FUNERAL	1214 W. 36t	h Stroot	1 "	21211			
1 8	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED 13, WAS DEC		ORIGIN? (Specify Yes	U.S.	RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES 2 [	XNO If yes, ap	ecify Cuban, Maxican, 2 X NO Specify:			Black, White, sfc.
BY	<b>X</b> XWidowed 4 □ Divorced			a 2 g 110 Specify.		)	Specify: White
8	15. DECEDENT'S EDI (Specify only highest grad	JCATION 16a.	DECEDENT'S USUAL OCCUPATION (Give kind of work done during mo	ON ast of wacking	16b, KIND OF BUSI	NESS/INOUSTF	RY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	fife. Do NOT use retired.)				
once.	9		Homemaker				
	17. FATHER'S NAME (First, Middle, Last)	0.14mm p. m			(First, Middle, Maiden S	urneme)	
	William Sh	erman			Bowen		
TO BI		rton 4	19b. MAILING ADDRESS (Street & 4405 Mary				,
8		1	CE AND DATE OF DISPOSITION (Na			ATION - City of	
nust	20s_METHOD OF DISPOSITION  1 ☐ Burtal 2 ☐ Cramation 3 ☐ Res  4 ☐ Donation 5 ☐ Diher (Sport)	completery.	crematory or other piece; KeView Memo				
2	21. SIGNATURE OF FURERAL RESIDES U			ND ADDRESS OF FACIL		ykesi	ville, MD
T Cam	> 1 10/h.	10/10,			s Funera		
- C	23. PART I. Enter the diseases, or	gram	363	<u>1 Falls</u>	Road, Ba	1timo	re, MD 21211
medical examiner must be	shock, or haart failure.	List only one cause on each i	ina.	de of dying, auch	as cardiac or respire	story arrest,	Approximata intarvai Batween
	IMMEDIATE CAUSE (Final disease or condition						Onsat and Death
ent,	resulting in death)	a. Mutanta	SEQUENCE OF):	ne con	momo		
matic even		90E 10 (011 NS X 0011	SEGGENCE OF .				
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEOUENCE OF):				
S a	cause. Enter UNDERLYING CAUSE (Disease or injury	c					
H H	that initiated events	DUE TO (OR AS A CON	SEOUENCE OF):				
Injury, or other traumatic event, the	resulting in dasth) LAST	d					
injury AL C	PART II. Other aignificant condition	ns contributing to death but no	ot resulting in the underlyin	g cause given in Pa	rt I. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS
-					PERFORM  1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 1 125 2 4	□\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OF OEATH?  1 YES 2 NO
shov					-		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PI	LACE OF DEATH (Check	only one)		
or item	EXAMINER?  1 YES 2 X NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	OTHER:	na 5 X Rasidenca 8	Other (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	JURY AT 2	ed. DESCRIBE HOW IN.	JURY OCCURE	D
marked, BY PH	1 Natural 5 Pending 2 Accident Investigation	(		YES 2 NO			
0 12	3 Suicida 8 Could not be	28a. PLACE OF INJURY — At building, atc. (Specify)	homa, farm, atreet, factory, offic	a 2	81. LOCATION (Street an City or Town, Stete)	d Number or Ru	ural Route Number,
m 28	4 Homicide detarmined				0.462.408		
월 등		SICIAN: To the beat of my knowledge,	death occurred at the time, data	and place, and due to	fhe cause(a) and mann	er as stated.	
ANT: If Ite	one) 2 MEDICAL EXAMIN	ER: On the beals of examination and	or investigation, in my opinion, d	leath occured at the tin	ne, data and place, and	due to the cau	use(a) and manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NUMBI	ER	29d. DATE SIG	NED (Month, Day, Year)
IMPORTANT: II TO BE COMP	Horim	CM _		D4020	38	1/0	1/93
F	30. NAME AND ADORESS OF PERSON W						
n	Dr. June E. Br	einer, 1205	York Road,	Lutherv	ille, Ma	arylar	nd
(	JAN 0 7199	32. AUGISTRAR'S SIGNATURI	Rudall				
	JANU (199	+ (	./				

Pages 1, 2, 3 should

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TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
De filed within 72 hours a
IMPORTANT: If Item 2

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra		
the hospita	detached 1		once.
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e 6 may be	rector, page		must be
r death. Pag	le funeral di	al.	examiner
4 hours afte	filled in by th	in, or remov	e medical
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ate be execu	ysician and	prior to bur	traumati
eath certifica	attending ph	ntal Hygiene	y, or other
is that the d	ned by the	afth and Mer	amy injur
e law require	has been sig	Dept. of He	23 shows
YSICIAN: Th	s certificate	th the State	d, or item
ENDING PH	R: After this	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATT	DIRECTO	hours af	item 28

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Turner BARTLETT Cecil January 1994 10:32 AM 4. SOCIAL SECURITY NUMBER 8. BIRTNPLACE (State or Foreign Country) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) DAYS 1 M 2 D F 62 212-34-1911 1-12-1931 Tennessee 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Middle River 1 YES 2 XNO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13212 Choptank Road 21220 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White U.S. Navy ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL G.E.D. Supervision Bethlehem Steel Corp 17. FATHER'S NAME (First Middle Leet) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Marvin Delbert Bartlett Lydia Aileen Haley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs. Audra W. Bartlett 13212 Choptank Road Middle River, MD 20a. METNOD OF DISPOSITION
1 & Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) Meadowridge Mem. Cem. 1/7/94 Dorsey, Maryland 21. SIGNATURE OF FUNDIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, | Apr **Approximete** shock, or hasrt fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Ischemic Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to desth but not resulting in the undarlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 A inpatient 2 ER/Outpatient 3 DOA OTHER: 1 VES 2 NO ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident М 1 YES 2 NO BY Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 4 Nomicide 29s. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Scott C. Brun, MD 9000 Fra

31. DATE FILEO (Month, Dey. Year)

JAN 0 7 1994

9000 Franklin Square Dr., Balto, MD 21237

DHMH-16 Rev 1/89

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00174 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

AL DIRECTOR	BERTHA 4. SOCIAL SECURITY NUMBER 212-22-9198 9a. FACILITY NAME (If not institution, given GREATER BALTO					TRAITER TOTA		EAR
	212-22-9198  9a. FACILITY NAME (If not institution, give			THE PARTY OF THE P	7	JANUARY	4 199	- 0.00
		1 M X W F 81	in yrs. lest birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Forei Country) S . C .
	RESIDENCE OF DECEDENT		IOSP	98. CITY, TOWN	BALTO	AIR	9c. COUNTY	OF DEATH
7	MD 10a. STATE 10b. COUP	ITY		y, town or loca LTO	TION			10d. INSIDE CITY X LIMITS?
FUNERAL	1910 BRADDIS	SH AVE		10	1. ZIP CODE 2121	5		S.A.
B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	24 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	8 or No— 14.	RACE — American Indian, Black, White, atc. SpecifyBLACK
LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed)  Collège (1-4 or 5 +)	(Give kind of v life. Do NOT us	1-44	ON ost of working	16b. KIND OF BU		ray TO GEN HOS
COMPL	10TH  17. FATHER'S NAME (First, Middle, Last) JOHN MCCRAE		DIE.	TIAN	16. MOTHER'S NA	SOUTH  ME (First, Middle, Maiden  A JONE)	Sumame)	O GEN HOS
TO BE	19a. INFORMANT'S NAME (Type/Print) PATRICIA TUC	CKER	19b. MAILING 914			Route Number, City or Tow BALTO, I		
	20a. METHOD OF DISPOSITION 1 G-Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)		PLACE AND DATE OF PROPERTY OF			1	OWSON .	
	21. SIGNATURE OF FUNERAL SERVICE	March			ND ADDRESS OF FA	WEST 43	OO WAE	BASH AVE
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	RESPIRA	CONSEQUENCE OF	FAILL	UPE			
MEDICAL C	PART II. Other significant conditions of the period of the	one contributing to death by	ut not resulting i	in the underlyin	g cause given in Sculp,	Part i. 24a. WAS AN PERFOI 1 YES :	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	atient 3 DOA	OTHER:	LACE OF DEATH (Ch			
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED 8	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number of Rural Route N							Rural Route Number,
OMPL	Octob	YSICIAN: To the best of my knowl NER: On the basis of examination						suse(s) and menner as state
TO BE C	Roy MUNA	A. NZQ I	MD		29c. LICENSE NUN	RBER 84	29d. DATE SI	GNED (Month, Day, Year) 5/94
ř	30. NAME AND ADDRESS OF PERSON OF THE PERSON	110	ATH (ITEM 27) (Type,	M)	21204			

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	TO THE HOSPITAL OR ATTENDING PLUSICIAN. THE NATIONAL SHALL SHE GEATH CERTIFICATE DE EXECU	TO THE FUNERAL DIRECTOR: After the continue man somed by the attending physician and	be filed within 72 hours after death who the State Cher, or regith and Mental Hyglene prior to bu	IMPORTANT: If Item 28 is marked them 23 shows any injury, or other traumati
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ysician. rial-transit permit. Pages 1, 2, 3 should	TO BE COMPLETED BY FUNERAL DIRECTOR	Greater RESIDENCE C 100. STATE Md. 100. STREET AND 305 QL 11. MARITAL STATE
the hospital or attending pe detached for use as the tonee.	COMPLETED BY	3 Widowed 4  (S  Elementary/Sec 1 2  17. FATHER'S NAM
ter death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial yeal.	TO BE	17. FATHER'S NAMI Willia 19e. INFORMANT'S Jean 20e. METHOD OF I 1 Burisi 2XXX 4 Donetion 5 21. SIGNATURE OF
L. OR ATENDING PERSISTENCE IN A CONTROL OF THE CONTROL OF THE METERS OF THE CONTROL OF THE CONTR	PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Entrishoo IMMEDIATE CAI disease or concresulting in dea Sequentielly list if any, leeding to cause. Enter UP CAUSE (Disease that initiated expresulting in dea
LL OR ATTENDING PLASSICATE, LOIRECTOR: After the continue. I hours after death who the State of them 28 is marked.	LETED BY PHYSIC	EXAMINER?  1 YES 2  27. MANNER OF DE  1 Netural  2 Accident  3 Suicide  4 Homicide  29a. CERTIFIER (Check only

STATE	0F	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
		CERTIFICATE	OF DEATH	DEC NO

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				YGIENE 9	4	00175
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF D		YEAR :	. TIME OF DEATH
WILLIAM	David		AYTON	Jr.	JANUA			00:20
4. SOCIAL SECURITY NUMBER 216-18-0291	1 ⊠ M 2 □ F 69		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	IRTH	8. BIRTHPI	LACE (State or Foreign
Greater Baltimo RESIDENCE OF DECEDENT			Tows of	OR LOCATION OF DI	EATH		timo	
Md.	Baltimore		Timoni					Od. INSIDE CITY LIMITS? YES 2   NO
10e. STREET AND NUMBER 305 Quaker R: 11. Marital Status	idge Road		101	21093		10g. CITIZ	US/	AT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN C FORCES? 1 / YES IFFYES, QIVE WAR OR DAT	2 NO	I1 yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specifi	n, Puarto Rican	ecify Yes or No— , etc.)	14. RACE - Black,	- American Indian, Whita, atc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	COllege (1-4 or 5+)	life. Do NOT use I	k done during mo etired.)	on st of working fficer	16b. KINI	O OF BUSINESS/INO	USTRY	351
17. FATHER'S NAME (First, Middle, Last) William David				18. MOTHER'S NA	ME (First, Middle Lian H	e SSENau	ıer	
Jean M. Clay	ton	305	Quaker	Ridge	Road,	ity or Town, State, Zip Timoni	Code) UM,	Md. 210
20a. METHOD OF DISPOSITION 1	emoval from State 20b. P	PLACE AND DATE OF	DISPOSITION (NO.	e Corp	. 1/6/	4 TOWSO	n, M	Stota .
21. SIGNATURE OF FUNERAL SERVICE			Leona	rd J.	RUCK I	nc. 530	5 A	1214 arford R
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Cerebral Various to consider the constant of the constant o	ascular A consequence of: erotic ca			isease			Interval Betwee
CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF):						
PART II. Other algnificant condit	ions contributing to death but	t not reaulting in	the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?  YES 2   NO	6	VERE AUTOPSY FINDING MILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)			
1 TYES 2 XNO	1 X Inpatient 2 - ER/Output	ient 3 DOA 4	☐ Nursing Horr	e 5 🗆 Residence	8 Other (Spe	ectly)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	URY AT PRK? YES 2 NO	28d. DEŞCRIE	E HOW INJURY OCC	URED	2811
3 Suicide 6 Could not determined		A1 home, 1erm, stre	et, factory, offic		281. LOCATION City or Tox	N (Street and Number vn, State)	or Rural Ro	rte Number,
000)	IYSICIAN: To the beat of my knowled							and manner as stated.
29b. SIGNATURE AND THE OF CERTI	FIRE			29c. LICENSE NUI	ABER	29d. DATE	SIGNED (	Month, Day, Year)
IN'SU	Mouth 1	WY)		_D00875		► <sub>01</sub>	/05/9	94
30. NAME AND ADDRESS OF PERSON Rudiger Breite	necker, M.D	GBMC 670			; Tows			130
31. DATE FILED (Month, Day, Year)	32. RAGISTRAR'S SIGNAT	TURE - Routell						

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BALTIMORE, MARYLAND 21215-0020	1
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Eleanora

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

JAN 0 7 1994

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6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1 M 2 F YRS. 200-10-3100 101 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Rossville RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Dundalk FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE burial-transit 3600 Old North Point Road 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 1 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 2 NO 1 Never Married 2 Merried IF YES, OIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced attending use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) jo Elementary/Secondary (0-12) College (1-4 or 5+) detached 4th Grade Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 2 Julius Waire Maria Boger BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Laura M. Gubernatis 1544 Glen Keith Blvd. pe 26a. METHOD OF DISPOSITION
1 ☐ Burlal 2X☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must tery, cremetory or other place) Hilltop Service Corp. 1/5/94 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7922 Wise Ave. Dundalk, Maryland completely filled in by the rial, cremation, or removal. medical 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or readiratory arrest. shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition the . Pneumonia event, resulting in death) executed with DUE TO (OR AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION Aspiration and Sequentially list conditiona, prior to If any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): attending physician death certificate be Cerebral vascular accident CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST 6 the attent injury, PART II. Other significent conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL signed by t amy shows 6 has be Dept. ( PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate t HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 TES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: Inpetient 2 - ER/Outpetient 3 - DOA 10 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? this co marked, 5 Pending Investigation 1 Natural 1 YES 2 NO death . BY After Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide DIRECTOR: A .00 COMPLETED 6 Could not be 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. THE FUNERAL C fled within 72 h 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. TO THE FUNERA
be filed within 72
IMPORTANT: II 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Harold Cohen M.D. 9000 Franklin Square Drive, Baltimore, MD 21237

Caroline

5. SEX

CERTIFICATE OF DEATH

COX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR DM 1994 January 11:00 BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) Maryland 10-23-1892 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Own Home Towson, Maryland 21286 20c. LOCATION - City or Town, State Towson, Maryland Duda-Ruck Funeral Home of Dundalk, Inc. **Approximate** Interval Between Onset and Desth 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATHS 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)			ERTIF		<u> </u>			2, DATE	OF DEATH	,		3. TIME OF DEATH	
	Harvey B	Dunk	le-Jr.						MONT		DAY	OGLZ.	10129	1
	4. SOCIAL SECURITY NUMBER	5. SEX							7. DATE	OF BIRTH	7	8. BIRTH	PLACE (State or Foreig	gn
	212-20-6882	-6882 1 1												
	9e. FACILITY NAME (If not institution, give atm				9b. CITY,	TOWN C	R LOCATI	ON OF DE		17-1.	_	NTY OF D		
DINECTOR	The Union Memorial	Hospita	1		Bal	Ltim	ore	City						
اغ	10a, STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION	4.					10d. INSIDE CITY LIMITS?	
	Maryland				Bal	tim	ore						1 X YES 2 NO	)
CHEROL	3659 Mald	den Ave	nue			101	ZIP COD		121	1	1	JSA	HAT COUNTRY?	
ים ומ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Differed	12. WAS DECEDENT FORCES? 1 IF YES, OIVE W	T EVER IN U.S. AI YES 2 AR OR DATES	RMED NO	1	f yes, sp	ecify Cube	OF HISPAN m, Mexica Specify	n, Puerto	17 (Specify Yo Rican, etc.)	es or No—	14. RACE Black Speck	- American Indien, White, atc.	ij
2000	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (9-12)		(0	ECEDENT'S Sive kind of a. Do NOT u	USUAL OC work done one retired.)	CCUPATIO	ON st of worki	ng	162	. KIND OF BI	JSINESS/INI	DUSTRY		
	10			Sale	sma	n				Upols	strv	Fab	ric	
	17. FATHER'S NAME (First, Middle, Last)		1910				18. MOT	HER'S NA		Middle, Meide				
3	Harvey B. D	unkle.						Edn						
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or To				
	Dorothy P. Dunk	le						/enu	$\overline{}$				D 21211	
	20e, METHOD OF DISPOSITION  1 Deuriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State	20b. PLACE cametery, co WOOD	ematory or o	ther place)				1/		ocation –			
	21. BIGNATURE OF PÜNERAL SERVICE LICE	NOSEE A	A Car	1	22. I B1	urg	ee-F		s F	unera	al Ho	ome	21211	
	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):	L =	INF	FARC	e.T				Interval Betw Onset end Di	eat
	PART II. Other eignificent conditions CONGESTIVE DIFFEE TIME						) Cause	given in	Part i.		RMEDZ	24b.	WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL				-	26 PI	ACE OF F	EATH (Ch	not only o	ne.l				_
		HOSPITAL:	ER/Outpetlant 1	2 🗆 004	OTHER	t:	Valley.							
	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	esidence		CRIBE NOW	INJURY OC	CURED		_
	1 Netural 5 Pending	(Month, De	ny, Yoar)	IN.	IURY M	WO	RK?	NO						
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	OF INJURY — At home, farm, atreet, factory, office , etc. (Specify)					281. LOC City	ATION (Street or Town, Stet	end Numbe	r or Rural R	loute Number,		
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE DESCRIPTION ON DESCRIPTION OF THE PHYSIC CERTIFYING PHYSIC DESCRIPTION OF THE PHYSIC D												) end manner as state	d,
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NUN	ABER				(Month, Day, Year)	
3	Julius Valg	GD.					AT2	1389	46 E	12	1	DUA	27 4, 199	74
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	, Print)		-							-
	ANTOLIO PASTOR 1	7.D. 20	DIFAT	CHI	VEDSM	-4 F	AZI	4	B	Krin	DE L	1	2/2/8	
		32. HEGISTRA	DI EAST	Chi	VERSIT	7 6	Arzk	MAY	, B	KIIM	RE F	D	21218	

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1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NEGISTRAN			-111111	CATE	OI DI	LAIII		REG. NO	•			
1. OECEOENT'S NAME (First, Middle, La Hazel	st)	E	thri	dae			MONTH	2. DATE OF OEATH DAY YEAR 3. Jan. 6 1994				
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1		UNDER 24 HRS.	7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign		
215-16-5355	1 🗆 M 2 🛴 F	81	YRS.	MONTHS	DAYS HO	OURS MIN.	6/1	0/12		Country)	MD	
9a. FACILITY NAME (If not institution, gi Mercy Hospital					own on Lo	OCATION OF O	EATH		9c. COUNT	Y OF DEAT	1	
RESIDENCE OF DECEDENT 10a. STATE 10b. COU				1042	LUIRIO							
10a. STATE 10b. COU				Y, TOWN OR						100	I. INSIDE CITY	
MD  100. STREET AND NUMBER	Baltimore		Baltimore								YES 2 N	
4820 Orville A	ve.				10f. ZIP		205			ISA	COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		T EVER IN U.S. AR	MED IQ	If y	es, specify	ENT OF HISPA Cuban, Maxico NO Specif	in, Puerto F	(Specify Yes	or No- 14	Black, W Specify:	American Indiar olta, atc. White	
15. DECEDENT'S E (Specify only highest gr		16a. DE	CEDENT'S	USUAL OCCI	UPATION ing most of	working	16b.	KIND OF BU	SINESS/INDUS	STRY		
(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+	) Ha.	Nait:	e retired.)								
17. FATHER'S NAME (First, Middle, Lest)	/		Walti	. 655	16	MOTHER'S NA	ME /First &	irida Mairian	Sumamai			
III O'CHAL L'ECIL						Eva		.com, mercon				
19a. INFORMANT'S NAME (Type/Print)	JEFFE	191	. MAILINO	AOORESS (S	Street and N	lumber or Rural	Route Numb	er, City or Tow	n, State, Zip Co	ode)		
Nancy Kurzmille	r	1	803 (	PREEN	CASTL	e DR.	JACI	io. Mi	) वाव	7		
20a. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  R  4  Donation 5  Other (Specify)	amoval from Stata	cernetery, cre	matory or of	ther place)	ON (Name o	1 1/1	0/94		CATION - CH		State	
21. SIGNATURE OF FUNERAL SERVICE	UCENSEE 9	1.101	zevre	22. NA	ME AND A	OORESS OF FA	CILITY					
1 Denis	8. K	ller			Cvach 1211	/Rosed Chesac	ale E	`unera	1 HOme	5		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OF AS A CONSEC	DUENCE OF	7):	L							
resulting in death) LAST	d											
PART II. Other algoriticent condition (%)		Durnhell						24a. WAS AN AUTOPSY PERFORMED? 24b.		AM CO OF	RE AUTOPSY FIR RLABLE PRIOR 1 MPLETION OF CO DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH					26. PLACE	OF DEATH (Ch	eck only on	)	-			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		☐ Residence						
27. MANNER OF DEATH  Netural 5 Pending	28s. DATE OF (Month, De		28b. TIM	URY	Bc. INJURY WORK?		20d. DE\$	SCRIBE HOW INJURY OCCURED				
Important			- At home, farm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE Of building.	F INJURY — At ho atc. (Specify)	me, farm, s	street, factory	, office							
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE Of building.	atc. (Specify) my knowledge, de	ath occurre	ed at the time	e, deta and		City of	r Town, State)	nner as stated		d menner en ste	
2 Accident Investigation 3 Suicide 6 Could not determined 4 Homicide CERTIFYING PH (Check only one) 2 MEDICAL EXAM	bs 28e. PLACE Of building, it is provided by the second se	my knowledge, de	ath occurre	ed at the time	o, data and nion, death	occured at the	to the cau	r Town, State) se(a) and mac	nner as stated ad dus to the o	cause(a) an	d mannar aa ste	
2 Accident Investigation 3 Suicide 6 Could not determined 4 Homicide CERTIFYING PH (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIF	ba 28e. PLACE Of building, of street of the basis of ax FIER.	my knowledge, de camination and/or (	ath occurre	ed at the time	o, data and nion, death	occured at the	to the cau	r Town, State) se(a) and mac	nner as stated ad dus to the o	cause(a) an		
2 Accident Investigation 3 Suicide 6 Could not determined 4 Homicide CERTIFYING PH (Check only one) 2 MEDICAL EXAM	bs 28e. PLACE Of building, of the best of since in the best of since in the best of axis who completed cause.	my knowledge, de camination and/or (	ath occurre	ed at the time	o, data and nion, death	occured at the	to the cau	r Town, State) se(a) and mac	nner as stated ad dus to the o	cause(a) an	nth, Day, Year)	

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OF VITAL RECORDS, P.O. BOX 68760	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Income after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygine prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any liniur, or other traumatte event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	OF DEA	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	94	00179
JUNIUS	EDWARDS	- 201		2. DATE OF DEATH MONTH DAY	- 94	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 224-18-8745	5. SEX 6. AGE	75 YRS. MON		7. DATE OF BIRTH (Morith, Day, Year) 12-21-18	8. BIRTI Count VI	HPLACE (State or Foreign hry) RGINIA
98. FACILITY NAME (If not institution, UNION MEMORI RESIDENCE OF DECEDEN	AL HOSPITAL	9b.	BALTIMORE		NON:	
UNION MEMORI RESIDENCE OF DECEDEN 10a. STATE 10b. CO MARYLAND	NONE	10c. CITY, TO	WN OR LOCATION BALTIMORE	CITY		10d. INSIDE CITY LIMITS?  1, TYPES 2 NO
10e. STREET AND NUMBER 2574 CECII 11. MARITAL STATUS	AVENUE	. Talah	10f. ZIP CODE 2121			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1   YES IF YES, GIYE WAR OR D	2 X NO		ANIC ORIGIN? (Specify Yes or Notes, Puerto Rican, etc.)	o- 14. RAC Blac RICAN	E — American Indian, ik, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed)  College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	fone during most of working	16b. KIND OF BUSINES		
12TH 17. FATHER'S NAME (First, Middle, Las	NONE	CRANE	OPERATOR  18. MOTHER'S N	BETHLEHI  RAME (First, Middle, Malden Surna		EEL
NATHANIEL  190. INFORMANT'S NAME (Type/Print)  REBECCA EDWAL	EDWARDS	19b. MAILING ADD	RESS (Street and Number or Rura	EDONIA PRE!		
REBECCA EDWAR	RDS	2574 C	ECIL AVENUE	BALTIMORE	, MAR	YLAND 212]
iMMEDIATE CAUSE (Final disease or condition resulting in death)	SHOCK OUE TO (OR AS ATRIAL	A CONSEQUENCE OF):	LLATION			Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	LLATION			
PART II. Other significent cond	200		e underlying cause given i	n Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N	?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		26. PLACE OF DEATH (CHER: Nursing Home 5 🗆 Residence			
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOW INJUR	Y OCCURED	
2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJUR building, etc. (Spe	Y — A1 home, farm, street		26f. LOCATION (Street and N City or Town, State)	umber or Rural	Route Number,
(ornoon orn)	PHYSICIAN: To the best of my know					e) end manner se stated.
296. SIGNATURE AND TITLE OF CER	- mo		29c. LICENSE N	UMBER -43 7 ≥	I. DATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	WOGAN	EATH (ITEM 27) (Type, Print	ION MEM	orial Ho	SPIT	-A1
31. DATE FILED (Month, Day, Year)	AEGISTRAR'S SIG					

## BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within an order of the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 96 00180

			-111111	IOAIL	- 01	DEATH		REG. NO.	7 -5		0100
1. DECEDENT'S NAME (First, Middle, Lest) Mary	A.			Fic	cca		2. DATE DO MONTH	DEATH DAY	1994	3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-36-4040	5. SEX 6	. AGE (In yrs. les	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH Day, Year) 4/08		Ountry)	NCE (State or Foreign
9a. FACILITY NAME (If not institution, give Francis Scott						R LOCATION OF D			9c. COUNTY		н
10e. STATE 10b. COUNT	Baltimore			y, town o geniel		ION					d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 8800 Millers Is	sland Rd.				10f	ZIP CDDE 21	219		10g. CITIZEN		T COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 1 Widowed 4 Divorced	12. WAS DECEDENT I FDRCES? 1 IF YES, GIVE WAR	YES 2-1		1	f yes, sp	ENDENT OF HISPAI relity Cuban, Maxico 2 X ND Specifi	n, Puerto Ric	(Specify Year an, etc.)			American Indian, hita, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (9-12)		16a. DE	CEDENT'S live kind of a	USUAL OG work done o se retired.)	CCUPATIO	N st of working	16b. K	IND OF BUSI	NESS/INDUST	RY	
6	/		Sale	S				Bela	air Man	rket	
17. FATHER'S NAME (First, Middle, Last)	Del.egge					18. MOTHER'S NA	ME (First, Mic				
19a. INFORMANT'S NAME (Type/Print) Glenn Brown	22	19				nd Number or Rural S Island					1219
20a. METHOD OF DISPOSITION 1 Burlet 2 Cremellon 3 Rer 4 Donation 5 Other (Specify)	noval from State	20b. PLACE cemetery, cre				me of al 1/8/	DATE 94		ation - city		
21. SIGNATURE OF FUNERAL SERVICE	CENSEE //	1./		22.1	NAME AN	h/Roseda Chesaco	le Fu				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	***	R AS A CONSE			art	livery					Yours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (D	R AS A CONSE	QUENCE O	F):				-			
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	QUENCE O	F):							
PART II. Other significant condition	ns contributing to de	eeth but not i	resulting	in the un	derlying	j cause given in		4a. WAS AN A PERFORM	AED?	CO OF	RE AUTOPSY FINDIN ALABLE PRIOR TO MPLETION OF CAUSI DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	neck only one)				
1 YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER		5 Rasidence	8 Other (	Specify)			
7. MANNER OF DEATH  1 Netural 5 Pending Investigation  28a. DATE DF INJURY (Month, Day, Year)  28b. TIME DF NJURY AT WORK?  1 YES 2 ND  28d. DEŞCRIBE HOW INJURY OCCURED  1 YES 2 ND											
a Carteta	Suicide 8 Could not be 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)							Number,			
29a. CERTIFIER	BICIAN: To the best of m									(a) ao	V-30-18-18-18-18
(Check only	ER: On the beats of exer	ninetion and/or	IIIvestigatic	,,					and to tue cu	needal an	d manner ea stated
(Check only 1 CERTIFYING PHYSONS) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE		_	investigano			29c. LICENSE NUI	MBER		29d. DATE SIG		onth, Day, Year)

ile -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00181

١ ,	1. DECEDENTIS NAME (First, Middle, Last,										
	ANNA	Frede	rick	Anna (	C. Fred	erick	2. DATE (	DE DEATH DAY	45	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-14-1600		GE (In yrs. last bi	YRS. MONTH		UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	Co	RTHPLACE (State or Foreign untry) ryland	
	9a. FACILITY NAME (If not institution, give	/ 0	TY, TOWN OR LO	OCATION OF D	1/0/	1/	COUNTY OF				
CTOR											
EC	10a. STATE 10b. COUN	TY		10c. CITY, TOWI	N OR LOCATION					10d. INSIDE CITY	
L DIRE	Maryland			Baltir	nore	2005		100		1 X YES 2 NO	
FUNERAL	3304 Cliftmont A	Ave.			212			- 1	S.A.	F WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X NO		3. WAS DECEND If yes, specify 1 TYES 2	Cuban, Mexic	en, Puerto Ri	(Specify Yea or I can, atc.)	BI	ACE — American Indian, lack, White, etc. pecify: White	
ETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give	DENT'S USUAL kind of work don to NOT use retired	ne during most of	working	18b.	KIND OF BUSINE	SS/INDUSTRY		
COMPLE	N/A	N/A		emaker			0	wn Home			
8	17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S NA	AME (First, M	iddle, Malden Sum	ame)		
BE	August Denford				E	mily W	irts				
2	19a. INFORMANT'S NAME (Type/Print)							r, City or Town, St			
	John Buscemi (Ne	ephew)					arret	tsville		21084	
	20a. METHOD OF DISPOSITION 1 Disposition 2 Cremation 3 Red 4 Donation 6 Other (Specify)		cometery, crematery Green 1	nount (	osition(Name of Cremato	ry	1/4		more,	Town, Stata Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /		1		ek Fun	eral	Homes,		d. 21213	
	23. PART i. Enter the diseases or ehock, or heart in ure	. Liet only one couse o	n each line	n. Do not ent	er the mode o	or aving, suc	ch as cardi	nc or respirate	orv arrest.	Approximete	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)									Interval Betw	
TIFICATION	iMMEDIATE CAUSE (Finel disease or condition	DUE TO (OR A	AS A CONSEQUE	ENCE OF):						Interval Betw	
CERTIFICATION	immediate cause (Finel disease or condition resulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUE	ENCE OF):						Interval Betwo	
	immediate cause (Finel disease or condition resulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition Denne.	DUE TO (OR A  DUE TO (OR A  OUE TO (OR A  d.  Ona contributing to deat	AS A CONSEQUE	ENCE OF):	My	Bran	Part I.	24e. WAS AN AUT PERFORMED 1 U YES 2 U	OPSY 2	Interval Between	
Σ	immediate cause (Finel disease or condition resulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition Denne.	DUE TO (OR A  DUE TO (OR A  OUE TO (OR A  d	AS A CONSEQUE	ENCE OF):	My	Bran	Part I.	24a. WAS AN AUT PERFORMED	OPSY 2	Interval Betwoonset and De Onset and De 24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS	
MEDICAL	immediate cause (Finel disease or condition resulting in dasth)  Sequentielly list conditions, if any, leading to immediate causa. Entar UNDERLYING CAUSE (Disease or Injury thet initieted eventa resulting in death) LAST  PART II. Other significant condition December 1	DUE TO (OR A  DUE TO (OR A  OUE TO (OR A  d.  Ona contributing to deat	AS A CONSEQUE	ENCE OF):	Jn y	Br 37	Part I.	24a. WAS AN AUT PERFORMED 1 YES 2	OPSY 2	Interval Betwoonset and Da  Part	
MEDICAL	immediate cause (Finel disease or condition resulting in daeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition Democration of the condition of the c	DUE TO (OR A  DUE TO (OR A  OUE TO (OR A  DUE TO (OR A	AS A CONSEQUE	ENCE OF): ENCE OF): Uiting in the	underlying car	use given in	Part I.	24a. WAS AN AUTPERFORMED	OPSY 2	Interval Betwoonset and De Onset and De 24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN: MEDICAL	immediate cause (Finel disease or condition resulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury thet initieted eventa resulting in death) LAST  PART II. Other significant condition  Denne  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	DUE TO (OR /  DUE TO (OR /  DUE TO (OR /  OUE TO (OR /  OUE TO (OR /  DUE  AS A CONSEQUE  th but not rese	ENCE OF): ENCE OF): Uiting in the	underlying car  28. PLACE ER: ursing Home 5  28c. INJURY WORK?	OF DEATH (C)	Part I.	24a. WAS AN AUTPERFORMED	OPSY 2	Interval Betwoonset and De Onset and De 24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the conditions of the condition	DUE TO (OR A  DUE TO (OR A  C.  OUE TO (OR A  d.  DIE TO (OR A  DIE TO (	AS A CONSEQUE  AS A CONSEQUE  The but not rest  Outpetlant 3   Outpetlant 2  Outpetlant 3	ENCE OF):  ENCE OF):  Uiting in the  DOA OTH DOA SON ME OF INJURY M	underlying car  28. PLACE  ER:  Ursing Home 5  28c. INJURY WORK?  1 □ YES	OF DEATH (C)	Part I.  Peck only one 6 Other 28d. OESC	24a. WAS AN AUTPERFORMED 1  YES 2 (	OPSY 2 17 NO	Interval Betw Onset and Da  24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition reaulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   YES	DUE TO (OR A  DU	AS A CONSEQUE  AS A CONSEQUE  The but not rest  Cutpetlant 3   Cutpetlant 4   Cutpetlant 4   Cutpetlant 4   Cutpetlant 5   Cut	ENCE OF):  ENCE OF):  ENCE OF):  Uiting in the  DOA 4 A A A A A A A A A A A A A A A A A A	underlying cau  28. PLACE ER: ursing Home 5  28c. INJURY 1  YES actory, office	OF DEATH (CO	Part I.  Peck only one 6 Other 28d. OESC	24a. WAS AN AUTPERFORMED  1 YES 2 (Specify)  (Specify)  RIBE HOW INJUI  TOWN, State)	OPSY 2 17 NO RY OCCURED  Vumber or Run ee stated.	Interval Betwoonset and De Onset and De Pab. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition reaulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   YES	DUE TO (OR A  DUE TO (OR A  C.  OUE TO (OR A  DUE TO (OR A	AS A CONSEQUE  AS A CONSEQUE  The but not rest  Coutpetient 3   COUTPETIENT 2  COUTPETIENT 2  COUTPETIENT 3  CO	ENCE OF):  ENCE OF):  Uiting in the  DOA OTHUB  DOA OTHUB  OF INJURY  M  I tarm, street, for a occurred at the estigation, in my	28. PLACE ER: Underlying can 28. PLACE ER: Underlying Home 5 28c. INJURY WORK? 1 YES actory, office	OF DEATH (C)  Residence AT  2 NO  Place, and due occured at the	Part I.  Peck only one  6 Other  28d. OESC  28f. LOCA  City of	24a. WAS AN AUTPERFORMED  1 YES 2 (Specify)  RIBE HOW INJUI  FION (Street and I Town, State)  e(a) and manner	OPSY 2 PRY OCCURED Number or Run ee stated.	Interval Betwoonset and De Onset and De Pab. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C.  OUE TO (OR A  DUE TO (OR A	AS A CONSEQUE  AS A CONSEQUE  The but not rest  Coutpetient 3   Cutpetient 4   Cutpetient 4   Cutpetient 4   Cutpetient 5   Cu	ENCE OF):  ENCE OF):  ENCE OF):  Uiting in the  DOA A TIME OF INJURY M  In occurred at the estigation, in my	underlying car  28. PLACE ER: Uraling Home 5  28c. INUPLY WORK? 1  YES actory, office  e time, data and y opinion, death	OF DEATH (CA	Part I.  Peck only one  6 Other  28d. OESC City of	24a. WAS AN AUTPERFORMED  1 YES 2 (Specify)  RIBE HOW INJUI  FION (Street and I Town, State)  e(a) and manner	OPSY 2 PRY OCCURED Number or Run ee stated.	Interval Betw Onset and Da  24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	

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FOR 1 - STATE REGIST

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Agnes C. Foti  CENTIFICATE OF DEATH  REG. NO.  2. DATE OF DEATH MONTH DAY YEAR Jan. 4, 1994  2:20 I											
	4. SOCIAL SECURITY NUMBER	5. SEX	IF UNDER 1	VEAD	IF UNDER 24 HRS.	7. DATE O				2:20 P		
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthday  75 YRS.				DAYS	HOURS MIN.	(Month,	Day, Year)	8. BIRTHPLACE (State or Fore Country)			
	9a. FACILITY NAME (If not institution, give	OF CITY 7	TOWN OF	R LOCATION OF D		.2,1918			ylvania			
œ		·		90. 0111, 1				,		Y OF DEAT		
DIRECTOR	Franklin Square	nospital			В	altimor	е		ва	1tim	ore	
Ä	10a. STATE 10b. COUNT	Υ	10c, CI1	Y, TOWN OR	LOCATION	ON				10	d. INSIDE CITY	
ā	Maryland Ba:	ltimore			Ba	ltimore				1	LIMITS?	
¥	10e. STREET AND NUMBER				10f.	ZIP CODE	TO THE	1	0g. CITIZEI	N OF WHA	T COUNTRY?	
E	9400 Oak Whit	te Road				21236			U.	S.A.		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED YES 2 NO	13. W	AS DECE	NDENT OF HISPA	NIC ORIGINA	(Specify Yes or	No- 14	RACE -	American India:	
₽	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 X NO Specif		,,		Specify:	White	
ETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	16a. DECEDENT'S	USUAL OCC	UPATION	N t of wasting	16b.	KIND OF BUSINE	SS/INDUS			
	Elementary/Secondary (0-12)	College (1-4 or 5 +	IIIe. Do NOT u	se retired.)		t or working						
<u> </u>	N/A	N/A	Home	maker		1.5		0	wn H	ome		
COMPL	17. FATHER'S NAME (First, Middle, Last)			10		18. MOTHER'S NA	ME (First, M	iddle, Maiden Sun	name)			
BE (		reslin				Mary	У	M	arkh	am		
0	19a. INFORMANT'S NAME (Type/Print)					d Number or Rural					Treat.	
-	Theodore F. Foti, Sr. (husband) 9400 Oak White Road, Baltimore, MD 212											
	20s. METHOD OF DISPOSITION  1											
	4 Donatton 5 Other (Specify)		Greenmou					Balt	imor	e, Ma	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	10	22. N/	AME AND	ADDRESS OF FA		l Uema-	Т			
	1/7		/			munek Fu Belair					21236	
CERTIFICATION	disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERILYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
SER	resulting in death) LAST											
: MEDICAL	PART II. Other significent condition	na contributing to	in the unde	erlying	couse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO 24b. WERE AUTOP ANAILABLE PI COMPLETION OF DEATH?  1 YES 2						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PLA	ACE OF DEATH (Ch	eck only one	)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:		5 Residence	6 COther	(Specify)				
È	27. MANNER OF DEATH	26a. DATE OF	NJURY 26b. TIN	E OF 2	8c. INJU	RY AT		RIBE HOW INJU	RY OCCUP	RED		
	1 Natural 5 Pending Investigation	(Month, Da	y, redr) IN.	M	1 YE	IK? ES 2 NO	1					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE Of building, o	INJURY — At home, farm, rtc. (Specify)	street, factor	y, office			TION (Street and Town, State)	Number or	Rural Rout	Number,	
COMPLET	29a. CERTIFIER (Check only		ny knowledge, death occurr									
		-	amination and/or investigation	an, mi my opi			1000	4-19/10/2015				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	-1	111. 1.			29c. LICENSE NUI	MBER	25	d. DATE S	IGNED (MO	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	7 / /	TOUNT	mo		061	1370	,	1	6	74	
						- 102 -	1-1-1		D 0	1006		
	Dr. Charles F. F. 31. DATE FILED (MONTH, Day, Year)	loesch, 97		d., S	uit	e 203, E	Baltin	nore, M	D 2	1236	_	

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TO THE HOSPITAL DRATTE CARGOLISCANT THE LOW TO THE LOW THE LOW THE LOW THE HOSPITAL DRATTE CARGOLISCANT THE LOW THE HOSPITAL DRATTE CARGOLISCANT THE LOW THE HOSPITAL DRATTE CARGOLISCANT THE LOW THE HOSPITAL DRATTE CARGOLISCANT THE LOW THE HOSPITAL DRATTE CARGOLISCANT THE LOW THE HOSPITAL DRATTE CARGOLISCANT THE LOW THE HOSPITAL DRATTE CARGOLISCANT THE HOSPITAL DRATTE CARGOLISCANT THE LOW THE HOSPITAL DRATTE CARGOLISCANT THE H	funer		IMPORTANT: If item 28 is immined, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
after	by the	be filed within 72 hours arm was the file Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ical (
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE 9 4	0	0183
	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEAT

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	) / DEPAR	TMENT	OF H	EALTH	AND N	MENTAL HYG	IENE 9 4	0	0183
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	ГН		3. TIME OF DEATN
	MARY VIRGI	NIA GOTT						01 (	)4 !	94	2:15 A. M
		6. AGE (In yrs. last birthday)  1 M 2 X F 89 YRS. MONTHS DAYS					24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Ye 03 29	04	Country	PLACE (State or Foreign ) RGINIA
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY	TOWN C	R LOCATI	ON OF DE	ATH	9c. CO	UNTY OF DE	ATH
DIRECTOR	ST. JOSEPH HOSPITAL TOWSON BALTI										
DIRE	MARYLAND 10b. COUNTY		10c. CIT	BAL	TIMO						10d. INSIDE CITY LIMITS? 12 YES 2 NO
FUNERAL	10%. STREET AND NUMBER 5205 CATALPHA R	ΟΔΤ	101	1214		10g. CI		HAT COUNTRY?			
2		. WAS DECEDENT EVER IN U.S	ARMED	13.	WAS DEC			IC ORIGIN? (Speci	fy Yea or No	USA	— American Indian,
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2'	NO		II yes, spe		n, Maxicar	n, Puarto Rican, et		. Black Specif	White, etc.
ED	t5. DECEDENT'S EDUCATI (Specify only highest grade con	ON 18e	DECEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND O	F BUSINESS/II	NDUSTRY	***************************************
COMPLETED		ollege (1-4 or 5+)	(Give kind of life. Do NOT us	ouse!			N				
O.	17. FATNER'S NAME (First, Middle, Last)						HER'S NAI	ME (First, Middle, M	aiden Sumame)	)	
BE C	WILLIAM PO	WELL					M. 1	ESTELL A	SHBURN	1	
TO B	19a, INFORMANT'S NAME (Type/Print)							loute Number, City o			
	LELIA MILLS						AD,	BALTIMOF	RE, MAR	RYLAND	21214
20a, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  GOOD SHEPHERD CEMETERY 1/6/94  ELLICOTT CITY, MD										vn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE										21211
	A. ALAN SETTZ, JR. FUNERAL HOME 21211 3818 ROLAND AVENUE, BALTIMORE, MARYLAND										
	23. PART I. Enter the diseases, pr com shock, pr heart failure. List IMMEDIATE CAUSE (Final	Dnly Dne čause pn each	lins.							rrest,	Approximats Interval Between Onset and Death
	disesse or condition s				E N. J.		61	lading	2/10		
NO	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
CATI	If sny, Isading to Immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CON	ISEOUENCE O	F):		,00	rald	PEROVED BY ME			
CERTIFICATION	that initiated events resulting in dasth) LAST	DUE TO (OR AS A COM	ISEQUENCE O	F):		Paritie!	Allow				
	PART II. Other algorificant conditions of	ontributing to death but n	ot reaulting	in the ur					AS AN AUTOPS		WERE AUTOPSY FINDINGS
ICAL	. Esmeer colon		or rouditing		.comymiş	, 00000 1	giveii iii i	PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC	Hif proctors										OF DEATN? 1  YES 2 NO
	Melanoseleresia			1							
PHYSICIAN:		OSPITAL:	2 II DOA	OTHER	₹:			ck only one)			
H	27 MANNED OF BEATH	28a, DATE OF INJURY	260. FM	E OF	28c. INJ	URY AT	eldence	6 Other (Specify 28d. DESCRIBE N		CCURED	
ВУР	1 Natural 2 Accident Investigation 3 Suicide	12/13/93	(Vin	KM	1 🗌 Y	RK?	NO	Suhle	ct	Fell	/
ED	a Could not be	28e. PLACE OF BUILDRY A building, etc. (Specify)	t hope, farm,		ory, office	, ,		281. LOCATION (S City or Town,	treet and Numb State)	er or Rural Ru	oute Number,
E	4 Nomicide determined / Home 5205 CATALMA R										MA KOAD
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DE CERTIFYING PHYSICIAN	t: To the best of my knowing and the basis of examination and	in the occurre	ed at the t	ime, data pinion, d	end placa eath occur	and dua	to the cause(a) en time, date end pla	d menner ee at	tated. the ceuse(e)	end manner ee ateted.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						ACT WITH				(Month, Day, Year)
5	30. NAME AND ADDRESS OF DERSON WHO CO	OMPLETED CAUSE OF DEATH	TEM 27) (Type	, Print)	2/50	-53	Velle	, Rel	21	1204	
	31. DATE FILED (Month, Day, Year)	as decreased assume					-	-			
	JAN 0 71994	Julie Dandson	furbell	•							

JOHN CHERLAND PORT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGI REG.	EME	94	00184
	1. DECEDENT'S NAME (First, Middle, Lest)	JOSEPH L. GO	ECKE	DECK	E	2. DATE OF DEAT	DAY G	YEAR 3.	TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes		B. BIRTHPLA Country)	CE (State or Foreign
- 8	215-10-5066	1X M 2 0 F 78	YAS.	MONTHS DAYS	HOURS MIN.	JULY 25			IMORE,MD
	Se. FACILITY NAME (If not institution, give stre	set and number)		96. CITY, TOWN C	R LOCATION OF DE			ITY OF DEATI	
5	ST. MARTINS HOME			CATO	NSVILLE			BAT.T	IMORE
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY								
DIRECTOR			10c. CIT	Y, TOWN OR LOCAT	-3.3			100	I. INSIDE CITY LIMITS?
	MARYLAND TALI	30T		TILGH					YES 2 X NO
FUNERAL	10s. STREET AND NUMBER			101	, ZIP CODE		10g. CITI2	ZEN OF WHAT	
N	P.O. BOX 261				21671			U.S.A	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		If yes, sp	ENDENT OF HISPAN acify Cuban, Mexican	n, Puerto Rican, etc		Black, W	Americen Indien, hite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗆 YES	NO Specify			Specify:	WHITE
	15. DECEDENT'S EDUCA		DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/IND	USTRY	WILLE
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during mo se retired.)	st of working				co.
7		YRS	SHIPE	UILDER		MD SHI	PRIITID	TNC &	DRYDOCK
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Ma		1110 0	DRIBOOK
BE C	OTTO P. GOECKE				JUSTINA	M. ROHI	EDER		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F			Code)	
2	ANNA A. GOECKE		601 M	LAIDEN CH	HOICE LAN	E-CATONS	VILLE,	MD.	21228
	20s. METHOD OF DISPOSITION 1) Burlal 2 Cremation 3 Remove	20b. PLA	CE OF DISPO	SITION (Name of cer	netery, crematory or	200	LOCATION —	City or Town,	State
	4 Donation S Other (Specify)	PARK		EMETERY			BALTIMO	RE	
	21. SIGNATURE OF FUNKTIAL SERVICE LICE	MOSE A			ND ADDRESS OF FAC		NTC!		
	Hour E.S.	mill)			O FUNERA VILKENS A			F MD	21229
	23. PART I. Enter the diseases, or co	omplications that caused tha	death. Do	not anter the mo	da of dying, auci	h ea cerdiac or r	eepiretory arr	eet,	Approximata
	Shock, or heart failure. L	list only one ceuse on sech if	ina.		, ,				Onset and Death
	disease or condition resulting in death)	CONGE	5+1	VE	HEA	RTF	ALLU	RE	
	resolding all deadly	DUE TO (OR AS A CON	SEQUENCE O						
z		CARDII	DMM	10 PAS	HY				
읦	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE O	f):	11 0	1-0	1-5-1		
3	CAUSE (Disease or Injury	ITI HERD	SCLI	5RATIO	S 116A	KT D	1501	05	
	that initiated events resulting in death) LAST	DUE TO JOR AS A CON	SHOUENCE O	F):					
CERTIFICATION	4	<u> </u>							
4	PART II. Other significant conditions	contributing to death but no	t resulting	In the underlyIn	g cause given in		S AN AUTOPSY RFORMED?		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
5	EMPHYU	5-MA					S 2 NO	CO	MPLETION OF CAUSE DEATH?
Ä									YES 2 NO
PHYSICIAN: MEDICA									
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
Sic	1 TES 27 NO	1   Inpatient 2   ER/Outpatient	3 🗆 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Till IN		JURY AT ORK?	28d. DESCRIBE H	OW INJURY OC	CURED	
В	1, Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory, offic	:0	26f. LOCATION (S City or Town,	reet and Number State)	or Rural Rout	a Number,
ETE									
IPL	Crisck orny	CIAN: To the best of my knowledge	, death occur	red at the time, date	and place, end due	to the cause(a) en	l menner aa stat	ted.	
COMPLETED	one) 2 MEDICAL EXAMINER	R: On the basie of examination and	or investigati	on, in my opinion,	death occured at the	time, date and place	e, end due to th	ne cause(e) ar	nd manner ea stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DAT	E SIGNED (M	onth, Day, Year)
TO B		ranto			D216	44		1-4.	74
	30. NAME AND ADDRESS OF PERSON WHO								

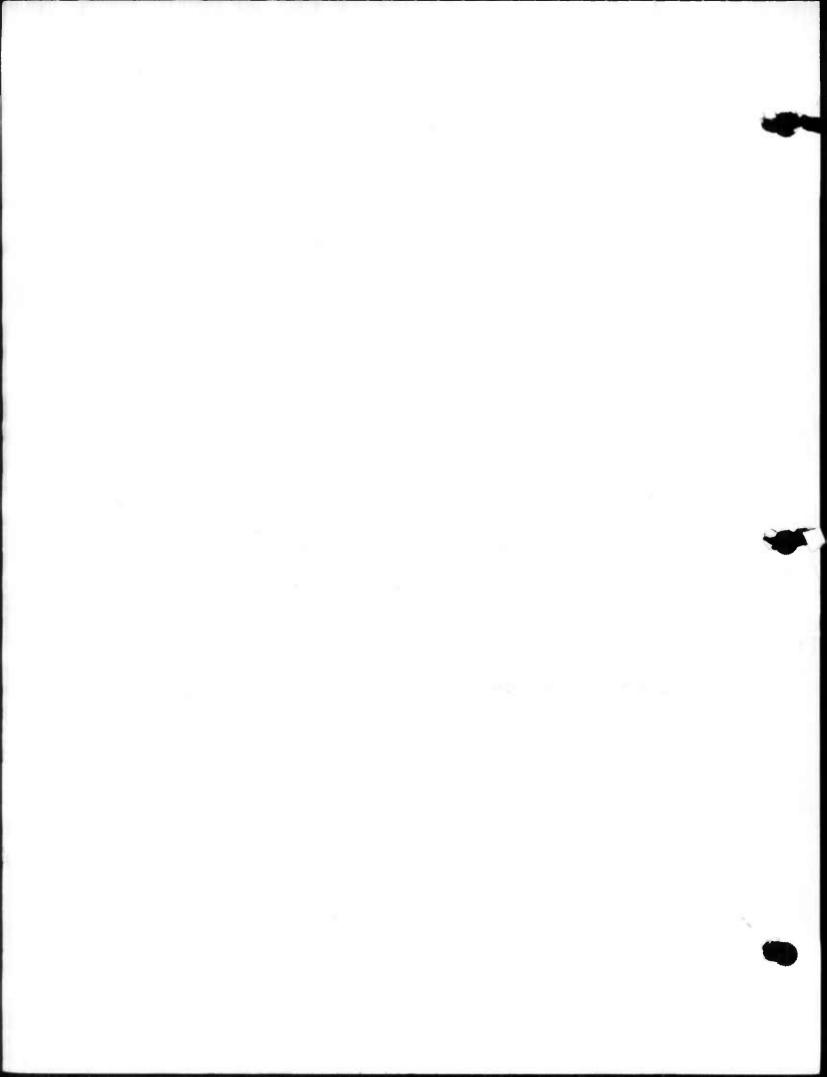
D21649 DEATH (ITEM 27) (Type, Print)

4M 31. DATE FILED (Month, Day, Year)

JAN 0 7 1994

32. BEGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



68760,
. BOX 68
, P.O
RECORDS
F VITAL
ISION OF
DIVIS

1 - FOR STATE REGISTRAR

			1. DECEDENT'S NAME (First		C.			HIL	г.			2. DAT MON		AY	94	3. TIME OF D
			4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (III	n yrs. last birth		ER 1 YEAR	IF UNDE	R 24 HRS.	7. DAT		IPLACE (State of		
			222 44 501	_	1 M 2 XF	96		MONTHS	7	HOURS	MIN.	(Mo	nth, Day, Year)		Count	(Y)
	pind		220-44-501 9a. FACILITY NAME (If not it		ah Ci	TV TOWN	OPLOCAT	ION OF DE	5-19-1897 Maryl							
3 should	Œ										ltim					
	.2	유	RESIDENCE OF DE		acherry	na.		10	JW 5 01	. 1				Do	11 (11)	оте
MARYLAND 21215-0020 stained by the hospital or attending physician. Stould be detached for use as the burlal-transit permit. Pages notified at once.	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												10d. INSIDE		
	<u>a</u>	Maryland Baltimore Towson											1 YES 2			
	AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WI											WHAT COUNTR			
	띮	800 Southe	rly Ro	l.					2128	36			U.S	.A.		
0	sicial ial-tra	FUNERAL	11. MARITAL STATUS		12. WAS DECEDER			13	. WAS DE	CENDENT	OF HISPAN	IC ORIG	IN? (Specify Ya	or No-	14. RAC	E — American
5-0020	o pri	BY F	1 Never Married 2 3 Widowed 4 Dive		FORCES?						an, Maxicas Specify		Rican, atc.)		Spec	k, White, etc.
5-(	as the			_											Whi	te
2121	use s	E	15. DEC (Specify on	EDENT'S EDU y highest grade	CATION completed)		16a. DECEDER	NT'S USUAL of work don OT use retired.	OCCUPATI e during m	ION lost of work	ing	16	b. KIND OF BU	SINESS/IN	DUSTRY	
2	for	COMPLET	Elementary/Secondary (			.)				0	TT					
	detached once.	₹ I	9 yrs				House	wire		_				Home		
LA	be det		17. FATHER'S NAME (First, A Clifford	niddle, Lasi)	Gettie	3.0							, Middle, Maiden			
A I	should b	B			Gettie	<u>r</u>					othe			Scho		
MARYLAND	5 should notified	2	19a. INFORMANT'S NAME ( Catherine H		224+								mber, City or Tow		,	21020
ш	page 6				arut						Cir.		ckeysvi			
ORI	ector, p	9	20a. METHOD OF DISPOSIT  1 Burial 2 Crematic	on 3 🗆 Ran	noval from State	ceme	PLACE AND Date of the control of the	or other place	9)			1		CATION -		
Σ	director,	- 14	4 Donation 5 Other  21. SIGNATURE OF FUNERA		CENCEE	_ Pa	arkwoo				ESS OF FAC	1-	/ Pai	ckvil	le,	Md.
BALTIMORE,	the funeral dir wal.	9	37/	The state of the s	//		-/						ral Hor	ne. T	nc.	
BAI	he fu		1050 York Rd. Towson, Md. 21204													
	d in by the or removal.														Appro	
	DOE		IMMEDIATE CAUSE (FI	nal												Interva Onset
	ati.		disease or condition resulting in death)  a. Coronary Artery Disease  Due to (og XS A CONSEQUENCE OF):  Sequentially list conditions.													
9	completely ial, cremati event, t		DUE TO (OR AS A CONSEQUENCE OF).													
68760,	and cor burial,	z	Sequentially list conditions, Left Atrial Myxoma.													
XO		CERTIFICATION	If any, landing to immediata													
BO	physician ne prior b	S	cause. Entar UNDERLY CAUSE (Disease or Inju		c											
.O. B		불	that initiated events resulting in death) LAS		DUE TO	OR AS A	CONSEQUENC	E OF):								
0	o	H	Tooling in dealing End		d											
DS, P	We We		PART II. Other algolitics	int condition	s contributing to	death bu	it not reault	ing in the u	underlyin	ng cause	given in	Part 1.	24s. WAS AN	AUTOPSY	248	WERE AUTOPS
H	d by	MEDICAL											PERFO			AVAILABLE PR
RECC	en signed be of Health ar hows any	밀	(25tx	0007	hule								1 TYES	L NO		OF DEATH?
00 8	- do 66			oug	70-005											1 TES 2
TAL	has b Dept.	AN	25. WAS CASE REFERRED 1	O MEDICAL					28 P	ACE OF I	DEATH (Che	ck anh	nnel			
VIT.	certificate has the State Deg	Sic	EXAMINER?		HOSPITAL:	ED/Outoo		ОТНЕ	ER:	1						
IL S	the the	PHYSICIAN:	27. MANNER OF DEATH		28a. OATE O			TIME OF	ursing Hor	JURY AT	lealdence		er (Specify)	N.IURY O	CHBED	
0	fter this eath with		1. Netural 5	Pending		Day, Year)		INJURY	W	ORK7 YES 2	NO.	200. 5	Lyombe non	indoni oc	COMES	
NO	After death	ВУ	2 Accident 3 Suicide	Investigation	28a. PLACE (	OF INJURY -	— At home, fa	rm. atraat: fa			- 117	281 10	CATION (Street	and Numbe	e or Rumi i	Boute Mumber
VISION	after d	8	4 Homicide	Could not be determined	building	, atc. (Specif	fy)	, , , , , , , , , , , , , , , , , , , ,	, oil				y or Town, State,		or nurer i	noute Number,
DIVISION	DIRECTOR: hours after item 28 i	4	29a, CERTIFIER	all mission		-										
	42 =	MP	(Check only		ICIAN: To the best o											
unden man	FUNERAL within 72 (TANT: If	COMPL		1	ER: On the basis of a	xamination	and/or Investi	getion, In my	opinion,	death occu	red at the	time, de	ta and placa, ar	nd due to t	ha cause(s	) and manner
100	TO THE FUNEF be filed within	BE (	296. SIGNATURE AND TITLE	The Carry Land	W. 4	4				29c. LIC	ENSE NUM	BER	/	29d. DA	TE SIGNED	(Month, Day, Y
- 1	N P D	0	7	OVZ	Jano	AN	10			123	4/6	14			1/5	5/99

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Osler Dr.

Towson, Md.

7600

John Milto

JAN 0 7 199

31. OATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

2

DHMH-16 Rev 1/89

94

m, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, You

21204 Suite 213

10g. CITIZEN OF WHAT COUNTRY?

00185

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) Maryland

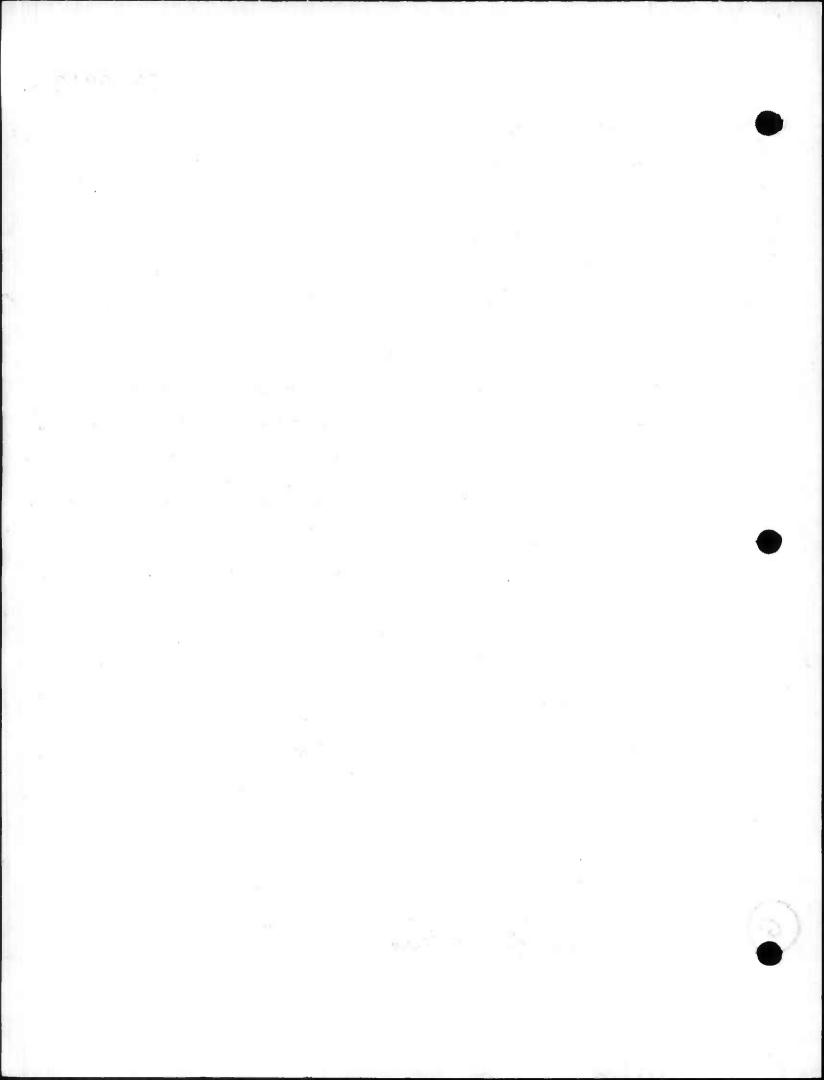
> 10d. INSIDE CITY LIMITS? 1 TES 2 NO

> > Approximata intarval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

14. RACE — American Indian, Black, Whife, etc.



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (Firs	t, Middle, Lest)	LEONA HILLM	ELSIE	HIL	LMAN				2, DATE MONT	OF DEATH	N4 9.	YEAR 3	TIME OF DEATN
	4. SOCIAL SECURITY NUM 2/2-204 9a. FACILITY NAME (# not if	SSO institution, give a		M 2 DF 7 YRS. MONTHS DAYS HOURS MIN. (Month, De), Year)  1 M 2 DF (7 3) DIV.  1 PRS. MONTHS DAYS HOURS MIN. (Month, De), Year)  2 PRS. STTY, TOWN OR LOCATION OF DEATH  2 PRS. MONTHS DAYS HOURS MIN. (Month, De), Year)							36. COUNT	MARYI Y OF DEA		
DIRECTOR	HARBOR HOSPITAL CENTER BALTIMORE N/A  RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 110													
	MARYLAND	EL		BROOK	LYN					10e CITIZI	1	Od. INSIDE CITY LIMITS?  YES 2XX NO AT COUNTRY?		
NERAL	104 WEST CI	EDAR H						2122	5			U.S		
BY FUN	11. MARITAL STATUS  1 Never Married 2 2  3 Widowed 4 Div	1203		NT EVER IN U.S. I I YES 2 WAR OR DATES	ARMED XNO		f yes, sp	ecity Cub		n, Puarto	f? (Specify Yer Rican, etc.)	s or No 1	Black, 1	- American Indian, White, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  NONE				DECEDENT'S (Give kind of life. Do NOT I	work done of the retired.)  MEMAK	during mo	ON ost of work	ing	166	OWN		STRY	
BE COM	17. FATHER'S NAME (First, A ELMER		ARTLOVE					18. MOT NA	'HER'S NA NNIE	ME (First,	Middle, Maiden	Sumame)	ARSH	
TO B												, MD	21225	
	20a. METHOD OF DISPOSITION 1 NO pure 2 Cremetion 3 Removal from State 2 Donetton 6 Other (2 The Property of the Control of the													
	21. SIGNATURE OF FUNERA	AL SEMUCE LI	Walter						AVEN					AL HOME, MD.21061
CERTIFICATION	ahock, or heert fellure. List only one ceuse on aech line.  Interv. Onset disease or condition reaulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one ceuse on aech line.  Interv. Onset disease or line.  DUE TO (OR AS A CONSEQUENCE OF):											Onset and D		
MEDICAL	PART II. Other algnific							24a, WAS AN AUTOPSY PERFORMED?		O O	PERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		4 [] PO4	OTHER	<b>1</b> :		DEATH (Ch				_	
Y PHYS	27. MANNER OF OEATN  1 Natural 5	Pending investigation	28a. OATE OI		28b. TI	1	28c. IN.	JURY AT DRK?	NO NO		CRIBE NOW	INJURY OCCI	JRED	
ETED BY	2 Accident 3 Suicide 5  4 Nomicide	Could not be determined		OF INJURY — At , etc. (Specify)	home, ferm,	street, fact	ory, affic	:0			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	CONSTRUCTION OF THE		ICIAN: To the best of											ind manner as state
TO BE CO	296. SIGNATURE AND TITLE PI + A y 0		TumRu	BIRIK	VL			29c. LIC	CENSE NUI	MBER				forth, Day, Year) - 9 4
T	30. NAME AND ADDRESS C	OF PERSON WI	IO COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Typ	e, Print)								
	31. DATE FILED (Month, Day	71994	the .	AR'S SIGNATURE	Rodal	_								

		pinous
		e.
		2
		60
		Page
		permit.
TIMORE, MARYLAND 21215-0020	h. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

9	4	0	0	1	8	7
		3. 1	IME	OF	DEAT	Н

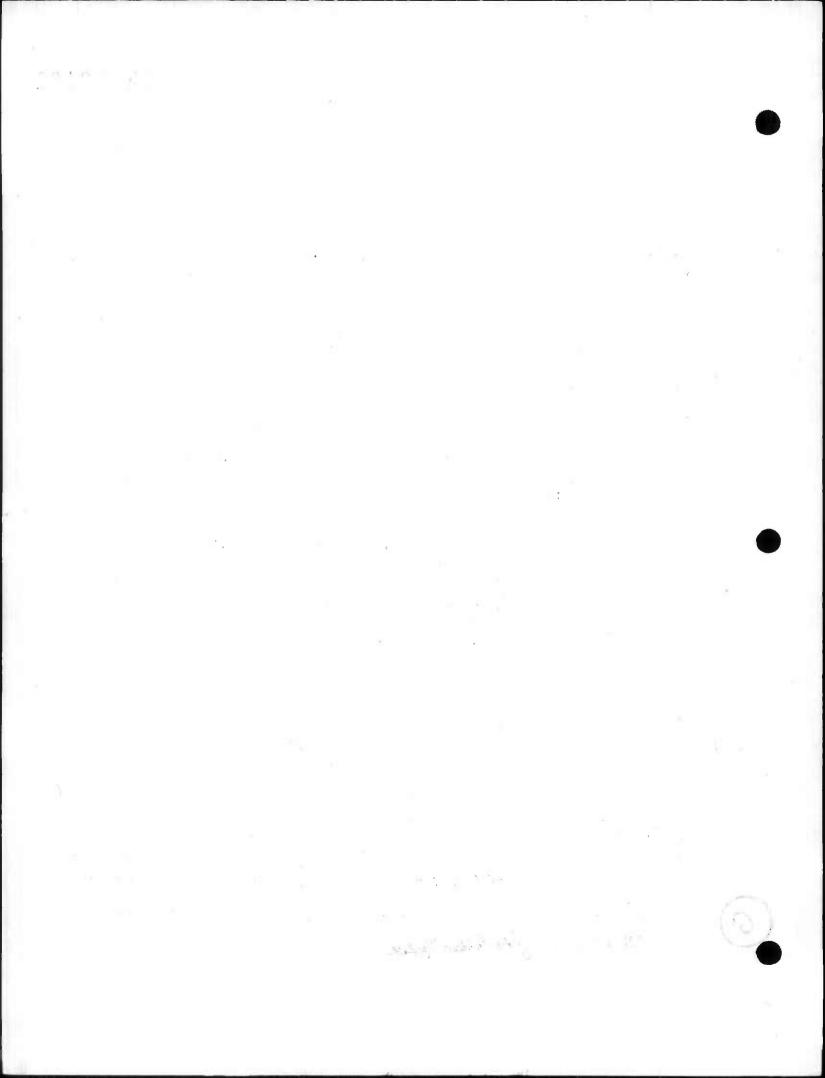
	1 - FOR STATE REGISTRAR	STATE OF MARYI		RTMENT OF I			HYGIENE REG. NO.	94	00187		
- 1	1. DECEDENT'S NAME (First, Middle, Last	Thelma Eli	zabeth H	IAMMOND		2. DATE OF MONTH	DAY	1994	3. TIME OF DEATH 7:35 A		
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 231-96-0255	1 □ M 2 🖬 F 85	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	Dec.	ВІЯТИ	8. BIR	THPLACE (State or Foreign prity) Lrginia		
	Franklin Square			Baltim	or location of	DEATH	77.0	Baltimore			
	10a. STATE 10b. COUN	imore		rry Hall	TION			10d. INSIDE			
	100. STREET AND NUMBER  9905 Forge Park	Road			f. ZIP CODE 21128			U.S.A.	F WHAT COUNTRY?		
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR 1	2 2NO	If yes, a	CENDENT OF HIS secify Cuban, Mer 3 2 X NO Sp	ricen, Puerto Ric	Specify Yea or an, etc.)	Ble	CE — American Indian, ack, White, atc. ecity: White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT a		ON ost of working		no of Busin	IESS/INDUSTRY			
ш	17. FATHER'S NAME (First, Middle, Last) William Luther		пошеша	REL	16. MOTHER'S Marie	NAME (First, Mid	ldle, Meiden Su		51.57891		
TO B	19a. INFORMANT'S NAME (Type/Print)  Gerald R. Hammo		9905	Forge P	ark Roa		ry Hal	1, Md.			
	20e. METHOD OF DISPOSITION 1	moval from State Ca	b. PLACE AND DATE metery, cremetory or to the Josep	h Cemete	ry	1/7		ttsburg	Town, State g, Maryland		
	22. NAME AND ADDRESS OF FACILITY  Schimunek Funeral Homes, Inc.  9705 Belair Road, Baltimore, Md. 21236  23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	ahock, or heart failure immediate Cause (Final disease or condition resulting in death)	a. Atherosc1	éach lina.	ardiovas			c or respira	tory arreat,	Approximate interval Between Onset and Daati		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OF):									
ERTIF	that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	in the underlying	g cause given		4a. WAS AN AL PERFORMI YES 2X	ED?	46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:										
Y PHYSICIAN:	1  YES 2 X NO  27. MANNER OF DEATH  1 X Natural 5 Pending	1 ☐ YES 2 ☒ NO					Specify)	) OW INJURY OCCURED			
TED BY	2   Accident   Investigation   2   Accident   Investigation   3   Suicide   4   Homicide   Could not be determined   Suicide   Sui							al Route Number,			
COMPLET		SICIAN: To the best of my known							e(x) and manner as stated.		
TO BE	36. NAME AND ADDRESS OF PERSON W	no	EATH (ITEM 37) (To	2000	D2731		1	M. DATE SIGN	ED (Morth, Dec. Hyar)		
	M. Lan Frydenbe	org. MD 9000	Frankli	n Aquare	Drive,	Balto	Md.	21162			
	JAN 0 719	194 Juinter	idem-Rando	4				- 5	Y2		

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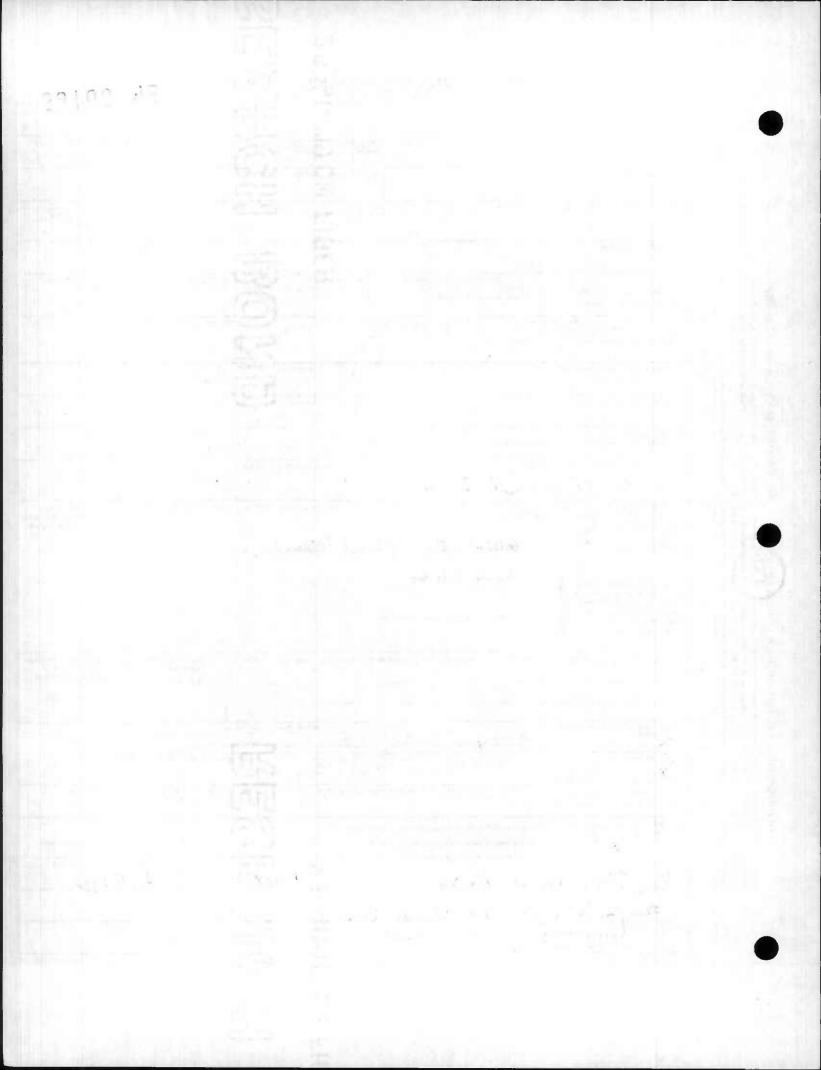
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		1 - FOR REGISTRAR	STATE OF MARY		ARTMENT OF H		NENTAL HYGIEN	_	1 00188		
		1. DECEDENT'S NAME (First, Middle,	Lest) M. Harp				2. DATE OF DEATH	ŽO4	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthde	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	Jan. 06, 1  7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign		
pino		217-76-1430 98. FACILITY NAME (If not institution,	1 M 2 F	1 □ M 2 X F 76 YRS. MONTHS DAYS HOURS MIN.					aryland of DEATH		
, 2, 3 should	TOR	5407 Highridge	Street		Arbutus	TO CONTON OF DES		Baltim			
. Pages 1	DIRECTOR	10a. STATE 10b. CO		10c. C	Arbutus				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
physician. burlal-transit permit. Pages 1,	RAL	100. STREET AND NUMBER 5407 Highridge	Street		1Df.	ZIP CODE 21227		U.S.	I OF WHAT COUNTRY?		
iours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burlat-tran or removal.	BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 NO	If yes, spe	ENDENT OF HISPANI city Cuben, Maxican. 2 NO Specify:	C ORIGIN? (Specify Yar , Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: Nite		
al or attending for use as the	TED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	(Give kind o	'S USUAL OCCUPATION of work done during mos		16b. KIND OF BU				
pital or ed for	PLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homemal	use retired.)		Cole				
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Las	at)	nonemar	rer	18. MOTHER'S NAM	Self NE (First, Middle, Maiden	Surname)			
ed by t	BEC	Edward Glanzer					Wolfe				
5 should	5	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow				
page		William M. Har	20	b. PLACE AND DAT	Highridge EOF DISPOSITION (Na	me of		CATION - City	D 21227		
ge 6 ma lirector, p		1 Donalion 5 Other (Specify)	emtombment C	metery, cremetory o edar Hi	Cemeter (Comete)	cy	1/10 B	rookly	n Park, MD		
death. Pag tuneral di L. examiner		21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	0	22. NAME AN	D ADDRESS OF FACI	Ambrose	Funera	1 Home		
the fundaday		1328 Sulphur Spring Road, Arbutus, Md 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
fille ation,		ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	lure. List only one cause on	aach ilna.			Suspect		Approximate interval Between Onset and Death		
executed within and completely to burial, crema matic event,	-										
e be execute sician and cardon to bunia traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	BUE TO (OR AS	A CONSEQUENCE	OF):		<u> </u>				
he death certificate be the attending physician Mental Hygiene prior traum njury, or other traum	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury									
h certification of other	RTI	that initiated events reaulting in death) LAST  d. Hyperschelesholomica									
the deat y the atte nd Mental		PART II. Other algnificant cond	ditions contributing to death	but not resulting	g in the underlying	cause given in P	Part I. 24a. WAS AN	ALITTOPEV	24b. WERE AUTOPSY FINDINGS		
requires that to been signed by to flealth and shows any I	N: MEDICAL						PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
cate has State Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Chec	ck only one)				
certific the Si	HYS	1 YES 2 NO	1 □ Inpetient 2 □ ER/Out			5 Rasidenca 8	2ad. DESCRIBE HOW I	N II IBY OCCUR	50		
NG PHYS fter this cath with marked	ВУ Р	1 Netural 5 Pending 2 Accident Investige	(Month, Day, Year)		NJURY WO	RK? ES 2 NO	Zuu. DESCHIBE HOW I	NJOHT OCCOR	EU		
OR ATTENDING DIRECTOR: After hours after death item 28 is mai	0	3 Suicide 8 Could no delarmin	28a. PLACE OF INJUR building, atc. (Spi	Y — At home, farm	n, street, factory, office		28f. LOCATION (Street a City or Town, State)		Rural Route Number,		
TAL OR A TAL DIREC 72 hours 11 item	IPLE		PHYSICIAN: To the beal of my know								
HOSPITAL FUNERAL within 72	COMPLETE		AMINER: On the basis of examination	on and/or investiga	tion, in my opinion, de	eath occured at the ti	ime, data and place, an	d dua to the co	ause(a) and manner as stated.		
TO THE HOSPI TO THE FUNEF Se filed within	TO BE	29b. SIGNATURE AND TITLE OF CER	₩·n=	Alwo		D3040		29d. DATE SI	GNED (Month, Day, Year)		
(e)			Itoms Are	Ball		D 8/18	14 7	re/. v.	4218446		
V		JAN 0 7 190	32 Jegistrasis sig	NATURE ANDLE	Z						



	1 - STATE REGISTRAR	STATE OF MARYI	CERTIFIC	ATE OF D	EATH		REG. NO.	94	-	10180
	1. DECEDENT'S NAME (First, Middle, Las		Oreatha T HENSLEY			MONT		, 19		3. TIME OF DEATH  9:05
0.71	4. SOCIAL SECURITY NUMBER		0.		F UNDER 24 HRS.	7. DATE	OF BIRTH		, BIRTHE	PLACE (State or Foreign
	412-30-3005	1 D M 2 反 F 7		NTHE DAYS H	OURS MIN.	01	1.3	22	TE	NNESSEE
~	9a. FACILITY NAME (If not institution, giv	ve street and number)	96	CITY, TOWN OR I	LOCATION OF O	EATH		9c. COUNT	Y OF OE	ATH
DIRECTOR	FRANKLIN SOUR			ROSE	EDALE			BA	LTI	MORE
REC	10a. STATE 10b. COU	NTY	10c. CITY, TO	OWN OR LOCATION	1		131			10d. INSIDE CITY LIMITS?
	MARYLAND  10e. STREET AND NUMBER			BALTIMOR						1 X YES 2 NO
ERA	255 Orville	Pond		101, 21	2122	1				HAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO		DENT OF HISPA	NIC ORIGI		Black, White, atc.		White, atc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAN ON I	IF YES, GIVE WAR OR DATES 1 1 YES 2 NO Specify:						Specify	WHITE
ETED	15. OECEOENT'S E (Specify only highest gri	ade completed)	(Give kind of work	done during most o	of working	161	. KINO OF BUS	INESS/INDUS	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 YRS.								
COMPL	17. FATHER'S NAME (First, Middle, Last)			10	B. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
BE (	WALTER BIRI	D ROACH					DREATHA			
2	19a. INFORMANT'S NAME (Type/Print) MILTON HENSLEY			DRESS (Street and )						λπο 21 2 2 1
	20a. METHOD OF DISPOSITION	20	1515 ALCONBURY ROAD, BALTIMORE, MARYLAND 2122  20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State							
	1X Burial 2 Cremation 3 Re 4 Donation 8 Other (Specify)		CREST LAWN			1/7	/94 BA	LTIMO	RE,	MARYLANI
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND	ADDRESS OF FA	CILITY				
		1	<b>1</b>		M CETT		PIIME	TAT L	OME	21211
	23. PART I. Enter the diseases, D	re. List only one cause on	eech iina.	A. ALA 3818 R enter the mode	of dying, aud	Z, JI AVENI	JE, BAI	TIMOR	E.	MARYLAND Approximate Interval Bety
ERTIFICATION	23. PART I. Enter the diseases, I shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	a. Office Tolor AS  b. Male to OP AS  DUE TO OP AS	ad the death. Do not sech lina.  A CONSEQUENCE OF):  A CONSEQUENCE OF):	A. ALA 3818 R enter the mode	OLAND of dying, aud	Z, JI AVENI	JE, BAI	TIMOR	E.	MARYLAND Approximata Interval Betv
I: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, per shock, or heart failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Office Tolor AS  b. Mile To (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	A. ALA 3818 R enter the mode	OLAND of dying, auc	Z, JI	JE, BAI	TIMOR atory arrea	24b.	MARYLAND Approximate interval Betwoen and E
MEDICAL	23. PART I. Enter the diseases, per shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Office Telescope Due to (or As Due to (or	A CONSEQUENCE OF): A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the conse	A. ALA 3818 R enter the mode	OLAND of dying, auc	Z, JI AVENUTA CONTRACTOR	JE BAI dlac Dr reapli 24s. WAS AN PERFOR 1 YES 2	TIMOR atory arrea	24b.	MARYLAND Approximata Interval Betw Onset and D  WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	23. PART I. Enter the diseases, cahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  TO YES 2 \( \square\$ NO	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the second of the s	A. ALA 3818 R enter the mode	of dying, auc  Alex  ause given in	Part I.	JE BAT dlac or reapli  24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b.	MARYLAND Approximata Interval Betw Onset and D  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, a shock, or heart feilur immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of the conditions in the conditions in the conditions of the conditions in	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	A. ALA 3818 R enter the mode  CLL DL  the underlying c.  26. PLAC  THER: Nursing Home  F 28c. INJURY WORK	of dying, auc  Alexa  Begiven in  E of DEATH (C)  Residence  Y AT	Part I.	JE BAI dlac or reapli  24a. WAS AN. PERFOR  1 YES 2	AUTOPSY MED?	24b.	MARYLAND Approximata Interval Betw Onset and D  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, cahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the conditions of	a. DUE TO (OR AS  b. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in ti	A. ALA 3818 R enter the mode  CLL DL  the underlying c  26. PLAC  THER: Nursing Home  WORK M 1 VES	OLAND of dying, auc  Acac  ause given in	Part I.	JE BAT dlac or reapli  24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b.	MARYLAND Approximate interval Bett Onset and £  WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, a shock, or heart failur immediate Cause (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the conditions of	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the second of the s	A. ALA  3818 R enter the mode  CLL  DL  A. BLAC  BCLL  DL  CAL  CAL  CAL  CAL  CAL  CAL  C	ause given in  E OF DEATH (C)  Residence  AT  2   NO	Part I.	24a. WAS AN. PERFOR  1 VES 2  ATION (Street a or Yown, State)	AUTOPSY MED?  NO  NUMBER OF	24b,	MARYLAND Approximate interval Betwoen and D  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, a shock, or heart failur immediate Cause (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the conditions of	a. DUE TO (OR AS  b. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the second of the s	A. ALA  3818 R enter the mode  CLL  DL  the underlying c.  26. PLAC  THER:  Nursing Home  F 28c. INJURY WORK  1  YES  ot, factory, office	ause given in  E OF DEATH (C)  Residence  AT  2   NO	Part I.  Part I.  28d. De  281. LOC	24a. WAS AN. PERFOR  1 VES 2  ATION (Street a or Yown, State)	AUTOPSY MED?  IN NO  NUMBER OF THE PROPERTY OCCU	24b.	MARYLAND Approximate interval Betw Onset and D  WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, cahock, or heart feilur immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of	a. DUE TO (OR AS  b. DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the consequence of the cons	A. ALA  3818 R enter the mode  CLL  DL  the underlying c.  26. PLAC  THER:  Nursing Home  F 28c. INJURY WORK  1  YES  ot, factory, office	OLAND of dying, auc  Acc  Besidence of Death (C)  The series of the seri	Part I.  Part I.  28d. De  28d. De  time, det	24a. WAS AN. PERFOR  1 VES 2  ATION (Street a or Yown, State)	AUTOPSY MED?  IN NO  NUMBER OF THE PROPERTY OCCU	24b.	MARYLAND Approximate interval Betwoen and Conset and Co
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, cahock, or heart feilur immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the consequence of the cons	A. ALA  3818 R enter the mode  CLU  26. PLAC  THER: Nursing Home  F 28c. INJUM WORK  1  YES  at, factory, office	ause given in  E OF DEATH (C)  T T T T T T T T T T T T T T T T T T T	Part I.  Part I.  28d. De  28d. De  time, det	24a. WAS AN. PERFOR  1 VES 2  ATION (Street a or Yown, State)	AUTOPSY MED?  IN NO  NUMBER OF THE PROPERTY OCCU	24b.	MARYI, AND Approximat Interval Bet Onset and  WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 No



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

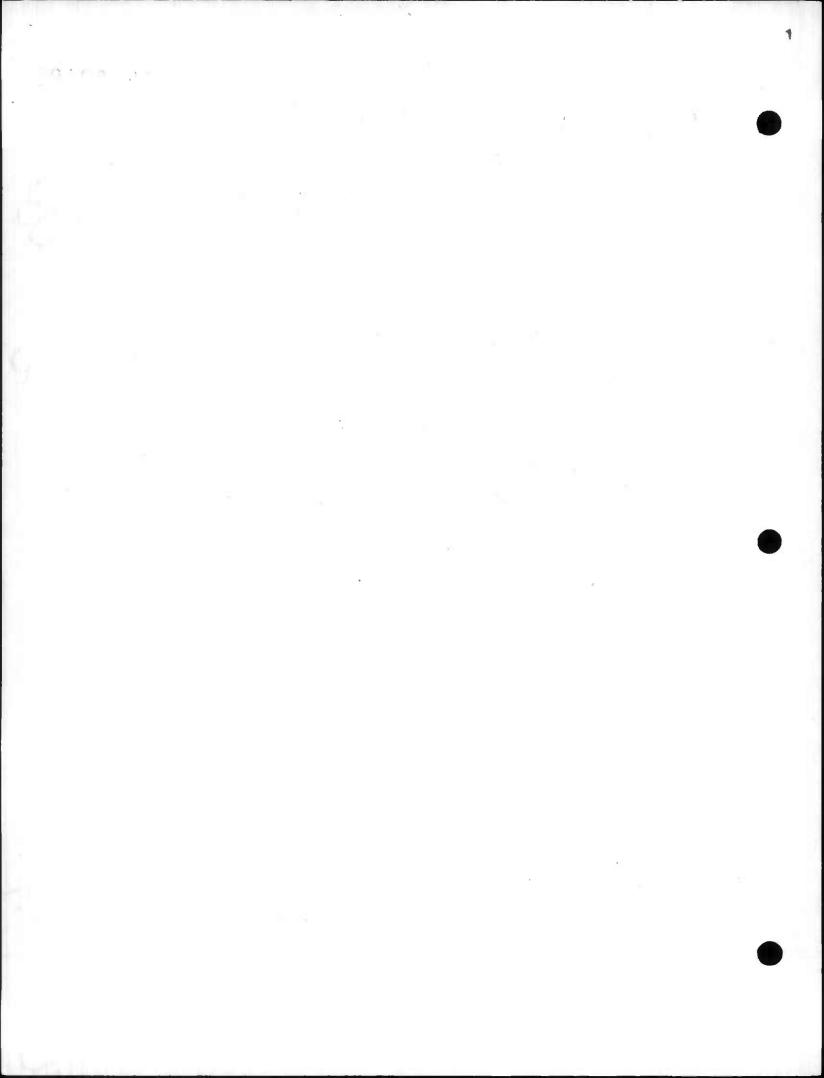
IMPORTANT: If item 28 is marked, or item 23 shows any fujury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle		RYLAND / DEPART CERTIFIC	CATE OF		III LAL	REG. NO.		<b>L</b> (			
	s, Lest)				2. DATE	OF DEATH	v v	EAR 3.	TIME OF DEATH		
Theresa Lee Ha	rtman				1	5		94	8: 31		
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	OF BIRTH Day, Year)	8.	BIRTHPL/ Country)	ACE (State or Foreign		
218-14-5980		8 YRS.			OCT.	1,192	5	MARY	LAND		
Se. FACILITY NAME (If not institution				OR LOCATION OF D	EATH		9c. COUNTY		Н		
Stella Maris H	ospice NT		Towson		-		Baltin	nore			
	COUNTY	1.00	TOWN OR LOCA	TION	0			10	d. INSIDE CITY LIMITS?		
	HARFORD	EDC	SEWOOD						YES 2 NO		
10e. STREET AND NUMBER	COLLDE		10	1. ZIP CODE 21040					T COUNTRY?		
601 SORRELWOOD	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	Z1U4U ENDENT OF HISPA		7 (Specify Vec	U.S.		American Indian.		
1 Never Married 2 Married	FORGERO 4	YES 2 NO	If yes, sp	ecify Cuban, Maxic	an, Puarto R		01110		hita, atc.		
3 Widowed 4 Divorced				-A_1 spoor				прислу.	WHITE		
(Specify only highes	'S EDUCATION st grade completed)	18e. DECEDENT'S US (Give kind of wo	rk done during m		16b.	KIND OF BUS	INESS/INDUS	TRY			
Elementary/Secondary (0-12) H/S GRAD	College (1-4 or 5+)	SECRE			D.D.	DAM	SEY TH	OMAG			
17. FATHER'S NAME (First, Middle, L	est)	SECKI	SIAKI	18. MOTHER'S NA				IOMAS			
CARROLL R. PHI				ANNA P			Surrente)				
19e. INFORMANT'S NAME (Type/Prin	nt)	19b. MAILING A	DDRESS (Street	and Number or Rural	Route Numb	er, City or Town	1, State, Zip Co	ode)			
JOHN C. HARTMA	AN							2104	0		
20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION — City or Town, State											
LOUDON PARK CEMETERY 1/8 BALTIMORE											
21. SHONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.											
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229											
23. PART I. Enter the diseases, or complications that caused the state. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line.									Approximate interval Between		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. HEPA	TIC FAIL	URF	NO STATE					3 mos		
resorting in death)	DUE TO (OR	AS A CONSEQUENCE OF):							3 mos		
Sequentially list conditions		tosis of	LIVE	R		Ob.			wknow		
Sequentially list conditions, If any, leading to Immediate  DUE TO (OR AS A CONSEQUENCE OF):											
	CAUSE (Disease or Injury										
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR										
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	L d										
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	L d			g cause given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDIN		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	L d			g cause given in	Part I.		MED?	AM	AILABLE PRIOR TO		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	L d			g cause given in	Part I.	PERFOR	MED?	AM CO OF	AILABLE PRIOR TO EMPLETION OF CAUS		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant cor	dnditions contributing to dea		tha underlyin			PERFOR	MED?	AM CO OF	AILABLE PRIOR TO PMPLETION OF CAUS DEATH?		
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?	d	th but not resulting in	the underlyin	LACE OF DEATH (C	heck only on	PERFOR	MED?	AM CO OF	AILABLE PRIOR TO PMPLETION OF CAUS DEATH?		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1  YES 2 D NO	d	th but not resulting in	tha underlyin 26. P DTHER:	LACE OF DEATH (C	heck only one	PERFOR  1 YES 2	No Ospice	AM CO	AILABLE PRIOR TO PMPLETION OF CAUS DEATH?		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendin	d	th but not resulting in	28. POTHER:   Nursing Horovery	LACE OF DEATH (C)	heck only one	PERFOR  1 YES 2	MED?	AM CO	AILABLE PRIOR TO PMPLETION OF CAUS DEATH?		
Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendin 2 Accident investig	d	th but not resulting in  Outpatient 3 DOA 4  Outpatient 3 DOA 4  INJURY At home, farm, sto	26. P  OTHER: Nursing Hor  NY  M  1	LACE OF DEATH (C	heck only one 8  Other 28d, DES	PERFOR  1 YES 2  (Specify) H  CRIBE HOW II	No Ospice	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUS DEATH?		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin	d	th but not resulting in  Outpatient 3 DOA 4  Outpatient 3 DOA 4  INJURY At home, farm, sto	26. P  OTHER: Nursing Hor  NY  M  1	LACE OF DEATH (C	heck only one 8  Other 28d, DES	PERFOR  1 YES 2  (Specify) H  CRIBE HOW II	MED?  NO  OSDICE NJURY OCCUR	AM CO OF	MPLETION OF CAUS		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant con  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 100  27. MANNER OF DEATH  1 Netural 5 Pendin Investig 3 Suicide 8 Could determine the company of the could determine the country of the could determine the country of t	ICAL HOSPITAL:  1   Inpetient 2   ER   (Month, Day, Maggetton not be lined	th but not resulting in  Poutpatient 3 DOA 4  Poutp	26. P  OTHER: Nursing Hor OF WM 1   bet, factory, office	LACE OF DEATH (C)  ne 5  Residence  JURY AT  JURY 2  NO	8 Others 28d. DES 28t. LOCA	PERFOR  1 YES 2  (Specify) H  CRIBE HOW II  ATTON (Street is in Town, State)	OSDICE	AM CCC OF 1   1   2   2   2   2   2   2   2   2	AILABLE PRIOR TO MIPLETION OF CAUS DEATH?		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant cores.  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pendin Investigation of Secretary 1 Notarial 1 Notarial 1 Notarial 2 Accident 1 Notarial 2 Notarial 1 Notarial 2 Notarial 1 Notarial 2 Notarial 1 Notarial 2 Not	d.  ICAL HOSPITAL: 1   Inpatient 2   ER. (Month, Day, N. gastion not be lined   28e. PLACE OF IN. building, etc.	th but not resulting in    Outpatient 3   DOA   4	28. POTHER: Nursing Hor NY M 1 bet, factory, office	LACE OF DEATH (C	8 Q Other 28d. DES 28t. LOC/City o	PERFOR  1 YES 2  (Specify) H  CRIBE HOW II  ATTON (Street a r Town, State)	MED? NO OSDICE NJURY OCCUI	AM CCC OF 1   1   2   2   2   2   2   2   2   2	AILABLE PRIOR TO MMPLETION OF CAUS DEATH?  YES 2 NO		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant cor  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin 1 Natural 5 Pendin 1 Natural 5 Pendin 2 Accident Investig 3 Suicide 8 Could to determine the correction one)  29e. CERTIFIER (Check only one) 2 MEDICAL ED	d	th but not resulting in    Outpatient 3   DOA   4	28. POTHER: Nursing Hor NY M 1 bet, factory, office	LACE OF DEATH (C) the 5 Residence JURY AT JRK? YES 2 NO te a and place, and du teeth occured at the	28d. DES  28d. DES  28t. LOC/City of	PERFOR  1 YES 2  (Specify) H  CRIBE HOW II  ATTON (Street a r Town, State)	OSDICE NJURY OCCUI and Number or	AMCCCOPFI	AILABLE PRIOR TO MMPLETION OF CAUS DEATH?  YES 2 NO  NUMBER  Number,		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant cores.  25. WAS CASE REFERRED TO MEDIEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pendin Investigation of Secretary 1 Notarial 1 Notarial 1 Notarial 2 Accident 1 Notarial 2 Notarial 1 Notarial 2 Notarial 1 Notarial 2 Notarial 1 Notarial 2 Not	d	th but not resulting in    Outpatient 3   DOA   4	28. POTHER: Nursing Hor NY M 1 bet, factory, office	LACE OF DEATH (C	28d. DES  28d. DES  28t. LOC/City of	PERFOR  1 YES 2  (Specify) H  CRIBE HOW II  ATTON (Street a r Town, State)	OSDICE NJURY OCCUI and Number or	AMCCCOPFI	AILABLE PRIOR TO MMPLETION OF CAUS DEATH?  YES 2 NO NO		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant cores.  25. WAS CASE REFERRED TO MEDIEXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural   5   Pendin Investig   Accident   Investig   Accident   Investig   Accident   Investig   Accident   Accident   Investig   Accident   Investig   Accident   Accident   Investig   Accident   Investig   Accident   Investig   Accident   Investig   Accident   Investig   I	d	Toutpetient 3 DOA (APPY) 28b. TIME INJUFY At home, farm, str. (Specify) trowledge, death occurred nation and/or investigation,	26. P  THER: Nursing Hor OF 28c. IN. W 1	LACE OF DEATH (C)  ne 5 Residence  JURY AT  PKK?  YES 2 NO  ne and place, and du  death occured at the  29c, LICENSE NU	28d. LOC/City of the cau e to the cau e time, deta	PERFOR  1 YES 2  (Specify) H  CRIBE HOW II  ATION (Street a reform, State)  se(a) and mare and place, and	MED? NO OSDICE NJURY OCCUI and Number or oner as stated, d due to the c	RED  Rural Rout  Rural Rout  Rural Rout	AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO  NUMBER  NU		
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant core  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin 2 Accident Investig 3 Suicide 8 Could investig 4 Homicide 8 Could investig 5 Pendin Investig 6 Could investig 7 Pendin Investig 8 Could investig 9 Check only MEDICAL ED  29b. SIGNATURE AND TITLE OF CE	d	Toutpetient 3 DOA (APPY) 28b. TIME INJUFY At home, farm, str. (Specify) trowledge, death occurred nation and/or investigation,	26. P  THER: Nursing Hor OF 28c. IN. W 1	LACE OF DEATH (C)  ne 5 Residence  JURY AT  PKK?  YES 2 NO  ne and place, and du  death occured at the  29c, LICENSE NU	28d. LOC/City of the cau e to the cau e time, deta	PERFOR  1 YES 2  (Specify) H  CRIBE HOW II  ATION (Street a reform, State)  se(a) and mare and place, and	MED? NO OSDICE NJURY OCCUI and Number or oner as stated, d due to the c	RED  Rural Rout  Rural Rout  Rural Rout	AILABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO  NUMBER  NU		

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within zx nouns after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ed within 24 nours at	ompletely filled in by	event, the medic
certificate be execute	iding physician and co	r other traumatic
uires that the death	signed by the atten Health and Mental F	ws any injury, o
SICIAN: The law req	certificate has been the State Dept. of	, or item 23 sho
IR ATTENDING PHY	IRECTOR: After this ours after death with	em 28 is marked
TO THE HOSPITAL C	TO THE FUNERAL D	IMPORTANT: If Its

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO	94	0019
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTA	L HYGIENE REG. NO.	91	1 (	00191	
	1. DECEDENT'S NAME (First, Middle, Last)		7				OF DEATN		3.	TIME OF DEATH	
	MYRTLE INEZ HUD	SON				JAN	02,		AR /	9:48 A.	M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPL/	ACE (State or Foreign	
	213-26-0785  9e. FACILITY NAME (If not institution, give:	1 □ M 2 □XF 63	YRS.	MONTHS DAYS	HOURS MIN.	NOV.	8,1930		Country)		
OR	#2 14th AVENUE	steet and number)		BALT	OR LOCATION OF D MORE (1	brook		9c. COUNTY ANNE		JNDEL	
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION				10	d. INSIDE CITY	
DIRECTOR	MARYLAND			BALTIMO						LIMITS?	j.
4	10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?	
필	#2 14th AVENUE				21225				U.S	S.A.	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, a	CENDENT OF NISPA secify Cuban, Maxic 3 2 NO Speci	an, Puerlo	N? (Specify Yes o Ricen, etc.)	r No— 14.	RACE — Black, W Specify:	American Indian, Thite, atc.  WHITE	
	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	168	. KIND OF BUSII	VESS/INOUST	rRY	WILLE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	vork done durina m	ost of working	1					
₫	H/S GRAD		SWITCHBO.	ARD OPE	RATOR	CA	TONSVII	J.F. CO	MMIIN	NITY COLI	FC
5	17. FATNER'S NAME (First, Middle, Last)		P.V. 2 0 11 2 0	THE OF EL	18. MOTNER'S N				THIOI	ALLI COLI	ا بال
	HARRY WOODY				FLARRY						
100	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural	Route Num	ber, City or Town,	State, Zip Coo	de)		
2	MAURICE E. HUDSON	JR.	l l		UE- BAL						
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE			DAT		TION - Chy		State	_
	1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		metery, crematory or or FADOWRTD	ther place) GE. MEMOR	TAI. PK	11/6	EI	KRIDO	E N	m	
	21. SIGNATURE OF FUNERAL SERVINE LI	21. SIGNATURE OF FUNERAL SERVICE LICENSE MEADOWRIDGE MEMORIAL PK 1/6 ELKRIDGE, MD.  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.  4107 WILKENS AVENUE— BALTIMORE, MD. 21229									
┪	21 PART I. Enter the diseases, or	complications that cause	d the death. Do r							Approximate	_
	ehock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Me	tast	asis						interval Betwee	
		DUE TO (OR AS	A CONSEQUENCE OF	F):							
NOUN	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	n g						1	
CERTIFICATION	CAUSE (Diseese or injury thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):							_
3		0.									_
MEDICAL	PART II. Other significent condition	as contributing to death i	but not resulting	in the underlyin	g cause given in	Part i.	24a. WAS AN AI PERFORM 1 YES 2	ED?	AV.	RE AUTOPSY FINDIN AILABLE PRIDR TO IMPLETION DF CAUSI DEATH?	
3					<del></del>				1 [	YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL										
2	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	heck only o	ne)		-		_
PHISICIAN	1 YES 2 NO	1   Inpatient 2   ER/Out	patient 3 L DOA 28b. TIM		Ne 5 Residence	_			_		
- 10	1 Netural 5 Pending 2 Accident Investigation					28d. DE	SCRIBE HOW IN.	URY OCCUR	ED		
EIED BY	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — A1 home, farm, solfy)	street, factory, offic		28f. LOC City	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE		ICIAN: To the best of my know ER: On the bests of exemination							luse(s) ar	id mannar aa stated	4.
4	29b. SIGNATURE AND TITLE OF CERTIFIE	R		MD	29c, LICENSE NU	MBER 74	3	29d. DATE SI	GNEO (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WEDER. LASHMIPATHY				LANE- BA	LTIMO	ORE, MD	. 21	225		Ī
	31. DATE FILED (Month, Day, Year)  JAN 0 71994	32. FEGISTRAR'S SIGN					-		-	<del></del>	



8. AGE (In yrs. lest birthday)

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Clara Hatchett

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, M

A SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

JAN 0 7 1994

use as the burial-transit hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 Por detached be retained by the funeral director, page 5 should be Раде 6 тау ours after death. death certificate be executed with P.O. BOX 68760 DIVISION OF VITAL RECORDS. OR ATTENDING PHYSICIAN: The law

215-24-3346 1 M 2 - F 87 3-28-1906 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland Baltimore permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 1063 Ellicott Dr. 21216 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Nover Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: 3 Wildowed 4 Divorced BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 12 once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) John S. McNeill Mary Alice Harrington BE notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code Nettie R. Harrison Patchen Ave. Bklyn. N.Y. 99 20s. METHOD OF DISPOSITION
1 We Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata must National 11-8 Mem. Laurel, Md examiner 21. SIGNATURE OF FUNERAL, SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
Douglass Funeral Service an 1701 McCulloh St. the attending physician and completely filled in by the I Mental Hygiene prior to bunal, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest. shock, or haert fallure. List only one cause on each line IMMEDIATE CAUSE (Final Hyperenia Hyperdia Insurcha disease or condition event, resulting in death) nsestive Hart traumatic CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other ! DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury. PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Failure any 1 | YES 2 | 10 50 PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem HOSPITAL:
16 inpatient 2 - ER/Outpatient 3 - DOA certificate to the State 1, or item OTHER: 1 TYES 2 NO ing Home 5 - Realdence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending 1 YES 2 NO After t BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be DIRECTOR: A ETED. 4 | Homicide 28 Hem 29a. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firm, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL DI
be filed within 72 ho
| IMPORTANT: If ite COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29h, SIGNATURE AND TITLE OF BE 2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED-(Month, Day, Year)

94

3. TIME OF DEATH

12:47

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: Black

1 YES 2 NO

**Approximate** 

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 T YES 2 T NO

Interval Between Onset and Death

Carolina

8. BIRTHPLACE (State or Foreign Country)

North

10g. CITIZEN OF WHAT COUNTRY?

USA

9c. COUNTY OF DEATH

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH

)	9
	Page
	death.
1	after
_	SUNO
	•
5	within
	law requires that the death certificate be executed within
	8
	certificate
	death
	the
	that
	law requires that the d
i	WE
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	PHYSICIAN: Th
	PH

94	00	1	93	

FOR 1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE	IVE >	4 00193				
1. DECEDENT'S NAME (First, Middle TOHN PA)	LL JONES 1:		L JONES)	2. DATE OF DEATH	5 94	BIRTHPLACE (State or Foreign				
4. SOCIAL SECURITY NUMBER 220-03-8165	1 M 2 - F	12 00-23-2								
9a. FACILITY NAME (If not institution GOOD SAMAR RESIDENCE OF DECEDE	ITAN HOSPITAI		BALTIMORE		9c. COUNTY	NE				
MARYLAND	NONE	10c. CITY, TO	BALTIMORE	CITY		10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
10e. STREET AND NUMBER 1224 KITM 11. MARITAL STATUS 1 Never Married 2 Married	ORE AVENUE		101. ZIP CODE 21224		UNIT	OF WHAT COUNTRY? ED STATES				
XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? WXYES IF YES, GIVE WAR OR E () 3 - 26 - 43 - 1	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Spec	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: I CAN AMERICA				
(Specify only higher Elementary/Secondary (0-12)	r's EDUCATION st grade completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF E	USINESS/INDUS					
4TH 17. FATHER'S NAME (First, Middle, I	NONE	ORDERI		UNIVE		HOSPITAL				
JAKE  19a. INFORMANT'S NAME (Type/Pri	RAMSEY		DRESS (Street and Number or Rura		own, State, Zip Go					
PAUL JONES  20a. METHOD OF DISPOSITION XX Burlel 2 Cremation 3	☐ Removal from State CA	b. PLACE AND DATE OF D	place)	DATE 20c.	LOCATION — City					
21. SIGNATURE OF FUNERAL SER  23. PART I. Enter the disease shock, or heart f	PS, Dr CDMplicetions that cause of the cause	d the deeth. Do not	OREST VETER  22. NAME AND ADDRESS OF F CALVIN B.  1412 E. PR enter the mode of dying, su	SCRUGGS ESTON ST	FUNERA	AL HOME				
disease or condition resulting in desth)		A CONSEQUENCE OF):	CORONARY			ST)				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	A CONSEQUENCE OF:	ANBY							
PART II. Other significent co	nditions contributing to death	but not resulting in t	he underlying cause given i	n Part J. 24a, WAS / PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one) OTHER:							
27. MANNER OF DEATN  1 Netural 5 Pendit		28b. TIME O	Nursing Nome 5 Residence  F 28c, INJURY AT WORK?  M 1 YES 2 NO	6 ☐ Other (Specify)  28d. DESCRIBE HOV	V INJURY OCCUP	RED				
a Dadam	not be 26e. PLACE OF INJUR	Y — At home, farm, stree	rt, factory, office	281. LOCATION (Street, City or Town, Ste		nd Number or Rural Route Number,				
	O-PHYSICIAN: To the best of my know					euse(e) end manner as stated.				
296, SIGNATURE AND TITLE OF	Wille		29c. LICENSE N	UMBER 3 4 4	39d. DATE 5	KINED DRIVING DAY WALLS				
30. NAME AND ADDRÉSS OF PERS	SON WNO COMPLETED CAUSE OF DI	EATN (ITEM 27) (Type, Prin	n()		/	1000				
JAN 0 7 1	994 Siena Barre	NATURE ABONDARY								

are that the ceath certificate be executed within 2 hours after death. Page 6 may be retained by the hospital or attending physician.

The property of the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have all Hygiene prior to burial, cremation, or removal.

ws any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE	OF DEATH			3. TIME OF DEATH
	SHIRLEY		MARIE	US					JAN	UARY 5	199	4 YEAR	4 M		
	4. SOCIAL SECURITY NUMB 215-30-2491	DER	5. SEX	( ) of the state o				7. DATE	OF BIRTH		8. BIRTI	8. BIRTHPLACE (State or Foreign Country) MARYLAND			
OR	90. FACILITY NAME (If not in NORTH ARUNI		96. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE  96. COUNTY OF DEATH ANNE ARUNDEL												
5	RESIDENCE OF DEC														
DIRECTOR	MARYLAND	10b. COUNT	ANNE AR	UNDE	L		Y, TOWN LEN								10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	809 DALE RO	)AD						10	1. ZIP COD	WHAT COUNTRY? A.					
BY	11. MARITAL STATUS  1 Never Married 2 3  Widowed 4 Divo	TEVER I	IN U.S. ARMED  2 Y NO  13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic  1 YES 2 X NO Specify Comments of the comments						in, Puerto	N? (Specify Yeo Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indien, k, White, etc. #y: WHITE		
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY														
COMPLET	Elementary/Secondary (0		College (1-4 or 5 NON	•	Illo. L	Do NOT u	retired.)			ng	М	D. MED	ICAL	LAB	
ш	17. FATHER'S NAME (First, Middle, Lest) GEORGE SCHRODETZKI 18. MOTHER'S NAME (First, Middle, Meiden Surneme) EDNA DOUGHTY														
10 E	19e INFORMANT'S NAME (Tong/Print)										1060				
	20a, METHOD OF DISPOSITION  1 M Burlet 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Certain Comparison Country of Certain Comparison Country Co										YN P	ARK, MD.			
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERA  1 SECOND AVENUE, S.W., GLEN BURNIE											,			
	23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,  Approximate														
	IMMEDIATE CAUSE (Finel Onset and Death												Interval Between Onset end Death		
	disease or condition reculting in death)  a. Anotic Suchelpasmy  Due To (or as a consequence of):												2440.		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  b. AS PINATION D. Forcem. DODS  DUE TO (OR AS A CONSEQUENCE OF):											24 475			
CERTIFICATION	CAUSE (Disease or Injury that Initiated evente resulting in death) LAST														
	PART II. Other significa	nt condition	a contributing to	doath h			la Abarra			-11	D				
EDICAL	TAIT II. Other significan	nt condition	te contributing to	Geeni E	dt not ra:	suring	in tha u	naeriyin	g causa	given in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă												1   YES 2	Pro		COMPLETION OF CAUSE DF DEATH?
Σ											_				1 - YES 2 - NO
AN	25. WAS CASE REFERRED TO	MEDICAL													
Sici	EXAMINER?	O MEDICAL	HOSPITAL:	EDIO		7.004	OTHE	R:	LACE OF D						
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF	INJURY	partient 3 L	28b. TIM	E OF		URY AT	eldence		FCRIBE HOW I	NJURY OC	CURED	
ВУ	2 Accident	Pending investigation	(Month, E		- At hom	- 1	M M	1 🗆	YES 2	NO					
ETED	4 Homicide	Could not be determined	building,	atc. (Spe	cify)	e, term, t	street, rec	tory, othe			281. LOC C/fy	ATION (Street or Town, State)	end Numbe	or Runal I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one)    Check on														
BE	29b. SIGNATURE AND TITLE	CERTIFIEI	R/						29c. LIC	ENSE NUR	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	1	OMPLETEO CAU	SE OF OE	ATH (ITEM	27) (Type	Print)	RAS	in Ha	in	6/0	- Aug	411	(1,2)	2006
	31. DATE FILED (Month, Day,	Year)	32. ByGISTR	R'S SIGN	ATURE				. 110	7	Ulee	7,000	· 4 . /	مع	
	JAN (	71994	delie.	wand	m-Ra	النيار	-								

Him v.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attenting physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	DORTANT: If Item 25 is marked or Item 23 shows any injury or other traumatic event the medical evantions must be notified at new
		5/3	-
OR /	DIRE	MOU	9
TTAL OR /	RAL DIRE	72 hour	H Han
HOSPITAL OR A	UNERAL DIRE	rithin 72 hour	ANT- If Item
HE HOSPITAL OR A	HE FUNERAL DIRE	od within 72 hour	RTANT- If Item

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31. DATE FILED (Month, Day, Year)
JAN 0 71994

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32. REGISTRAR'S SIGNATURE wind Sanden - Ra

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Kimmerle YEAR athatina 4,20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreign 5. SEX 7. DATE OF BIRTH (Month, Day, Yea IF UNDER t YEAR IF UNDER 24 HRS. DAYS 1 M 2 KF Washington, D. C 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1 more RESIDENCE 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 603 S. Ann St. 21231 S . A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIYE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Mexican,
1 ☐ YES 2 🕅 NO Specify: BY Specify: 3 Widowed 4 X Divorced White COMPLETED 16. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) Inspector n/a Bendix Corporation n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Bartholomew A. Blair Miriam Donald BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Miriam Brooks (Dghtr) 49 Stemmers Run Road, Baltimore, Md. 21221 20s. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removel from State
4 Donation 6 Other (Specify) Entombment 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Moreland Memorial Park 1/4/94 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213 23. PART LEtter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi **Onset and Death** disesse or condition resulting in death) Bi Catera 28 les CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 @ Inpatient 2 DER/Outpatient 3 DOA 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 26a. DATE DF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 🗷 Natural 6 Pending M 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Many sol MD. ahmord. 1/ 2 2 2 ₹ 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2506 villeye Drive

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MARY 01 J. KING 1994 7:30 P. 06 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 02 20 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS 212-07-1862 YRS. 88 MARYLAND nours after death. Page 6 may be retained by the hospital or attending physician.
d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERIDIAN - LONG GREEN BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 115 E. MELROSE AVENUE 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuban, Maxican, Puarto Rican, stc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY Specify: 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN SEAMSTRESS CLOTHING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Sumame) 70 STINCHECUM UNKNOWN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 MARY ROBINSON 605 W. 36th STREET, BALTIMORE, MARYLAND 21211 be 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20a. METHOD OF DISPOSITION

1 Burial 2 To Cremetion 3 Removal from State

4 Donation 5 Other (Specify) GREEN MOUNT CEMETERY 1/10/94 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME lan 3818 ROLAND AVENUE, BALTIMORE, MARYLAND medical 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or reapiratory arrest, filled in by i ahock, or heart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onaat and Daath and completely fille burial, cremation, disease or condition -nthienza resulting in death) event. certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): 2 signed by the attending physician Health and Mental Hygiene prior to e. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in death) LAST 0 PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 TYES 2 -NO 1 YES 2 NO been : PHYSICIAN: WP has be 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) SICIAN: The Item cermicate h HOSPITAL: OTHER: 1 YES 2 NO 1 Department 2 ER/Outpatient 3 DOA 4. Nursing Home 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED ij 1 Natural SON 1 YES 2 NO BY death 2 Accident ENDING 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 35 ETED. AP II 4 Homicide 22 datarmined 8 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL HOSPITAL FUNERAL within 72 TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: 11 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as started. TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE m1) 25 33897 94 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4300 N. CHARLES STREET, APT. G, BALTIMORE, MARYLAND

32. REGISTRAR'S SIGNATURE

Lin Senden Re

DR. VISSING

JAN 071994

31. DATE FILED (Month, Day, Year)

1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First	Middle, Last)	CHRISTOPH	ER DAV	世界	ABY Y			2	DATE OF DEATH	DAY	YEAR Y	3. TIME OF DEATH
2		4. SOCIAL SECURITY NUME 576-11-8402		5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HOURS	HRS. 7.	DATE OF BIRTH (Month, Day, Year)	75	8. BIRTI Count	ALABAMA
1, 2, 3 should	СТОВ	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Balt  RESIDENCE OF DECEDENT  Balt											City	
permit. Pages	DIRE	MARYLAND	TALB		ot	10c. CIT	EAST	ON						10d. INSIDE CITY LIMITS? 1 YES 2 NO
. usit	FUNERAL	1200 S. WASH	INGTO	N STREET-	APT.11	08		101.	2160	01			.S.A	WHAT COUNTRY?
5-0020 Inding physician. Is the burial-transit	ВУ	11. MARITAL STATUS  1 Never Married 2   3 Widowed 4 Divo		12. WAS DECEOEN' FORCES? 1 IF YES, GIVE W	YES 2X		H	yes, spe	cify Cuban,	HISPANIC Maxican, I Specify:	ORIGIN? (Specify Yourto Rican, etc.)		14. RAC	E — American Indian, k, White, stc.
or afte	PLETED					DECEDENT'S (Give kind of life. Do NOT u STUDE!	work done du se retired.)	CUPATIO	N it of working		16b. KIND OF B	USINESS/IN	DUSTRY	
YLA by the be det	BE COMPL	17. FATHER'S NAME (First, M DAVID A. KRA	BY							,	t, Middle, Meiden Surname) M. PREKKER			
MA retain 5 sho	101	DAVID KRABY	ype/Print)								EET, APT.			TON, MD 216
SALTIMORE r death. Page 6 may e tuneral director, pa al. examiner must b		20s. METHOD OF DISPOSITION  1 © Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)											own, State nelling, Mi NN	
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  122. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 14107 WILKENS AVENUE—BALTIMORE, MD.21229												MD.21229
P.O. BOX 68760, ath certificate be executed within clours after tending physician and completely filled in by the lal Hygiene prior to burial, cremation, or removal, or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	aert fellure.	a. DUE TO DUE TO C.	rch,	SEOUENCE O	e 01 d				whag		reat,	Approximata Interval Betwee Onset and Dea
DIVISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN: The law requires that the deal DIRECTOR: After this certificate has been signed by the att hours after death with the State Dept. of Health and Mentalem 28 is marked, or Hem 28 shows any Injury,	: MEDICAL	PART II. Other algorifica	death but no	but not reaulting in the underlying cause given in Part					PEMFO	1 24a. WAS AN AUTOPSY PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	O MEDICAL	HOSPITAL:	FR/Outputlant	2 🗆 1004	OTHER:		ACE OF DEA					
	BY PHY	27. MANNER OF DEATH  1 Natural 5	Pending investigation	28a. DATE OF (Month, Di	INJURY	28b. TIN	_	Bc. INJU	JRY AT	21	Other (Specify)	INJURY O	CURED	
DIVISION  DR ATTENDING I  DIRECTOR: After hours after death  Item 28 is mai	ETED B	3 Suicide 2 Sould as 2 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOC/									81. LOCATION (Stree City or Town, State	CATION (Street and Number or Rural Route Number, y or Town, State)		
	COMPLE	onel		ICIAN: To the best of ER: On the basis of a										a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	O BE C	and signaturing and office	MU	P) - N	evre	Dsurg	gey.	_	29c. LICENS	SE NUMBE	er 1	29d, DA	E SIGNES	perior day may
5		30. NAME AND ADDRESS OF	V,	115	M	V	R.S	D	,				/	1-1
		31. DATE FILED (Month, Day,	71994	Julio de	R'S SIGNATUR	Porter								

ITEMS: 10b,d,15,20b,c per informant G-707 1/28/94 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH REG. NO.

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ATTENDING PHYS. INVESTIGATION OF THE DESTRUCTION OF THE COURS AND THE COURTS AND	ECTUR AND THE CONTRACT SIGNED BY The attending physician and completely filled in by the funeral director, page 5 s		and the market as large and injury or other trainment the medical avenues and he made
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	1. DECEDENT'S NAME (First, Middle, Last	HAZEL	ATE	BERTA	TAN	BDT	N		2. DATE OF DEATH		1.	. TIME OF DEATH
Н	LAMSDIN	HAZET	ALC	DEKIA	LAN	IDDI	1//		MONTH	5, 199	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-20-3501	5. SEX	6. AGE (In yrs. 93	last birthday) YRS.	IF UNDER 1 Y		IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) FEB. 13,	1900	6. BIRTHPL Country)	ACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give HARBOR HOSPITAL				96. CITY, TO BALT			ON OF DE	ATH	9c. COUN	N/A	тн
DIRECTOR	PRESIDENCE OF DECEDENT  100. STATE  MARYLAND  AND	NE ARUNDE	L	-	y, town or LEN BU							Od. INSIDE CITY LIMITS?  YES 2 \ NO
FUNERAL	100. STREET AND NUMBER 964 PRINCETON TI	ERRACE		Yal -		106		H Her v		EN OF WHA	AT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. 1 YES 25 WAR OR DATES		lf y	es, speci	ify Cube	OF HISPAN In, Maxica Specify	IIC ORIGIN? (Specify Yon, Puerto Rican, atc.)	os or No—	Black, V	- American Indian, White, atc. WHITE	
PLETED	15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		+)	Give kind of ville. Do NOT us	vork done dur le retired.)	ng most	of workli	ng	166. KIND OF BE			ANY
E COMPL	17. FATHER'S NAME (First, Middle, Last) ALBERT	FLEURY				1		HER'S NA	ME (First, Middle, Maide	CONWA	ΛY	
TO B	196. INFORMANT'S NAME (Type/Print) LOIS J. BLOODSWO	ORTH		196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 964 PRINCETON TERRACE, GLEN BURNIE, MARYL							YLAND2106	
	20a. METHOD OF DISPOSITION  1 Strict 2 Cremation 3 Re 4 Donation 5 Other (Specify)		PLACE AND DATE OF DISPOSITION (Name of Determ, crematory or other place) MEMORIAL PARK 1984 GLEN BURNIE,									
	21. SIGNATURE ON FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY INGLETON FUNERAL HOME,  1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 2106											
	shock, or heart fellure. List only one ceuse on each line.											Approximata interval Betwee Onset and Dasi
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL CEF	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  VALVULAN HEART DISEASE  1 YES 2 UND  1 YES 2 UND									Of Or	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 JAN	HOSPITAL:	ER/Outpetient	3 DOA	OTHER:				6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	F INJURY Day, Year)	26b. TIME OF 100 28c. INJURY AT WORK?  M 1 YES 2 NO					28d. DESCRIBE HOW	INJURY OCC	URED		
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	OF INJURY — At , etc. (Specify)	NJURY — At home, farm, street, factory, offica c. (Specify)						and Number (	or Rural Rou	te Number,	
7	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
ĕ I	MEDICAL EXAMIP	NEH: On the bests of a	systemical end/	or investigation	n, in my opin	ion, deal	th occur	red at the	time, data and place, a	nd due to the	cause(e) a	nd manner as stated.

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203

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
SUMA 1. MUNORA Mg 203 E-

31. DATE FILED (Month, Day, Year)

JAN 0 71994

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0	ithin 72 hours after than with the State Dept. of team and Whitele prior to burial, cremation, or removal.	NT: If item 28 is marked, or item 23 shown my fillury, or other traumatic event, the medical examiner must be notif
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	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) ANDREW LAWYER	2	2. DATE OF DEATH DAY CYEAR OF COLOR	S. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 8. SEX 8. AGE										
FOR	579-52-8357  1 MM 2 F 54 47  VRS. MONTHS DAYS HOURS MIN. (MONTH, Day, 1987)  98. FACILITY NAME (If not institution, give street and number)  FRANCES SCOTT KEY MEDICAL CENTER BACTIMORE  RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY  N/A	10c. CITY, TOWN OR LOCATION  BALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	10s. STREET AND NUMBER	101. ZIP CODE 21206	10g. CITIZEN DF W	HAT COUNTRY?							
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO If yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yea or No — 14. RACE Black, an, Puerto Rican, etc.)	- American Indian, White, etc.							
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8+)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUSTRY								
4	N/A N/A	N/A	нотег.								
once.	17. FATHER'S NAME (First, Middle, Leat)		AME (First, Middle, Malden Surneme)								
BE C	UNKNOWN	EFFIE									
B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip Code)								
TO TO	ANGELA LAWYER	4203 ILLINOIS AVE. N		20010							
nust be	20a. METHOD OF DISPOSITION 20b	D. PLACE AND DATE OF DISPOSITION (Name of netery, gremetory or other place) SREENMOUNT CEMETERY	DATE 20c. LOCATION — City or Tow	vn, Slata							
- Le	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	BALTIMORE, M	ARYLAND							
examin	WM.C.MARCH F.H./1101 E. NORTH AVENUE  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
N, or other trainsalt event, the medical examiner must be notified at once.  CERTIFICATION  TO BE COM	shock, or heart failure. List pnly one cause on each line.  Interval Betwoonset and D  Interval Betwoonset and D  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one cause on each line.  Interval Betwoonset and D  SEPSIS  DUE TO (OR AS A CONSEQUENCE OF):										
DICAL O	PART II. Other significant conditions contributing to death b	out not resulting in the underlying ceuse given in	PERFORMED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE							
N N	Cocaine Use	- possibly.	1 D YES 2 NO	OF DEATH?							
YSICIAN: N	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C	heck only one)								
	EXAMINER?  1 YES 2 NO  1 No inpetiant 2 ER/Outs	oTHER:	6 ☐ Other (Specify)								
필문	27. MÄNNER OF DEATH  1  Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 26c. INJURY AT	28d. DESCRIBE NOW INJURY OCCURED  HALL SE FOR F								
m 28 is mar ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined Dullding, etc. (Spe	/ — Al home, farm, street, factory, office	261. LOCATION (Street and Number or Rural Ric City or Town, (State)	oute Number,							
ANT: If Item ?	anal	riedge, death occurred at the time, data and place, and du in and/or investigation, in my opinion, death occured at th		and manner as stated.							
BE BE	296. SIGNATURE AND TITLE OF CERTIFIER  Mach A PENSUU DO	29c, LICENSE NU OS 00 7		Control of the sealing							
₹ OF	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	OCTR 4940 EASTE	RN AVE BALTI	NORE							
	31. DATE FILED (Month, Day, Year)  32. AMSISTRAN'S SIGN  John Sand	HATURE HEMP CONTROLL									

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FOR STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Delbert B. Lease, Jr. Jan.05, 1994 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, 06/21/36 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN 1 🕅 M 2 🗌 F 220-32-4254 57 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1260 June Road Arbutus Baltimore RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore Arbutus, 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1260 June Road U.S.A. 21227 burnal-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

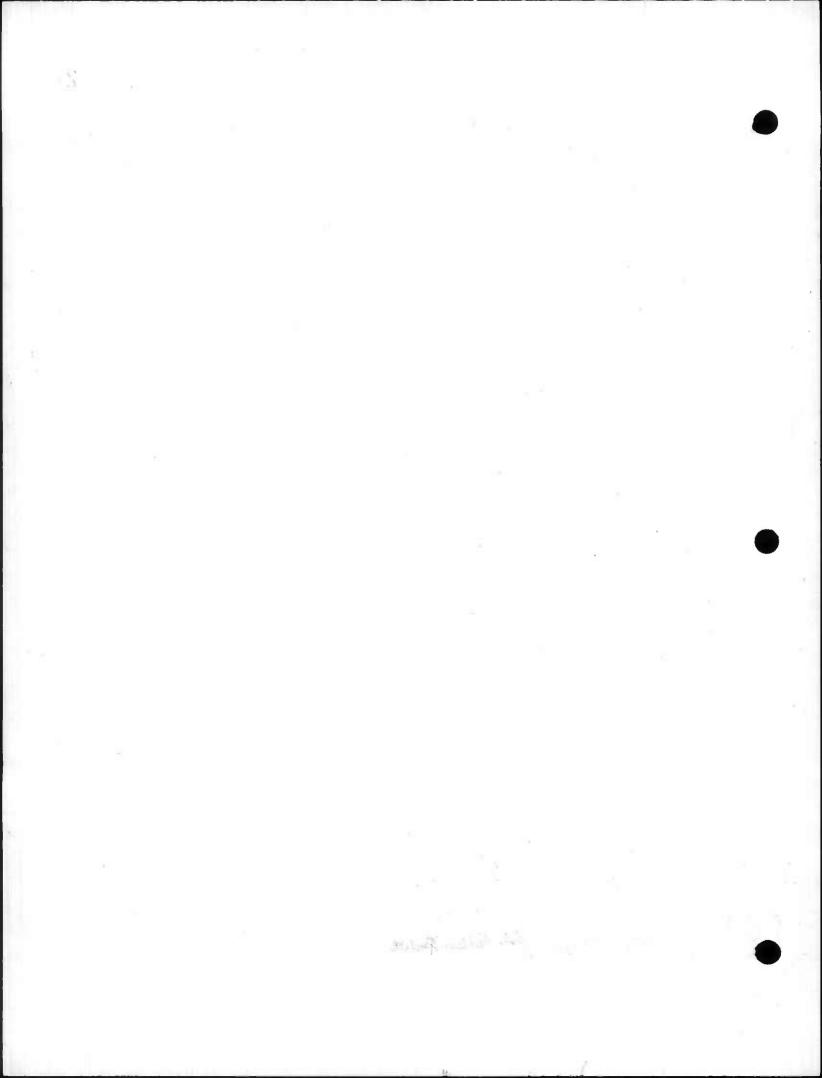
1 YES 2 NO Specify: 11. MARITAL STATUS RACE — American Indian, Black, White, etc. 1 Never Married 2 Married white BY for use as the 3 Widowed 4 Divorced no COMPLETED 15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 detached 2 Foreman County Government once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 = Delbert Belmont Lease, Sr BE Helen Meyers notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 page 5 Yvonne Brown Lease 1260 June Road Arbutus MD 21227 2 20a METHOD OF DISPOSITION

1 3 Burtal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must funeral director, Hillcrest 4 Donation 5 Other (Specify) Cumberland, Maryland 22. NAME AND ADDRESS OF FACILA MOTOSE Funeral Home examiner 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 1328 Sulphur Spring Road, Arbutus, Md in by the edical 33 FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line. interval Between pletely filled Onset and Death **IMMEDIATE CAUSE (Fine)** cremation, the diseese or condition Metastatic Cancer 18 mon event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): COM and com CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 the attending physician Mental Hygiene prior to if any, leading to immadlete e. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in deeth) LAST 6 injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO shows a 1 YES 2 NO been x. of h has by Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h item EXAMINER? HOSPITAL: OTHER: 1 YES 2 1 NO 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 ☐ Nursing Home 5 Residence 8 ☐ Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d. OEŞCRIBE HOW INJURY OCCURED this c marked Month, Day, Year) 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY After death Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida -ETED. DIRECTOR: / 4 Homicide 28 determined item 29e, CERTIFIER COMPL 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. FUNERAL Within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II ation and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(s) and mann 29b. SIGNATUREAND TITLE OF CERTIFIE BE 2 Kaven

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31. DATE FILED (Month, Day, Year) JAN 0 7 199

DHMH-16 Rev 1/89



	1. DECEDENTS NAME (First, Middle, Last) MAE  MCCOTTER  2. DATE OF DEATH MONTHUAN 404984 YEAR										3. TUME OF DEAT	Th .				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthd						IF UNDE	R 1 YEAR	IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)			oreign	
	213-20-111 9e. FACILITY NAME (If not in				69	YRS.	9b. CIT	Y. TOWN	OR LOCAT	ION OF D		y 26,19			yland	
OR	Saint Joseph Hospital Towson, Maryland Baltimore															
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	ГУ			10c. CITY	y, TOWH	OR LOCA	TION						10d. INSIDE CITY	,
DIR	Maryland		Balto.			P	arky	7i11	е						LIMITS?	
AL	10e. STREET AND NUMBER						-	10	f. ZIP COD	Œ			10g. CIT	ZEN OF	WHAT COUNTRY?	
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BY FUI	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES?	YES	2 🔼 N	MED O	13.	If yes, sp	CENDENT Hecify Cub	an, Maxica	n, Puerto	N? (Specify Yes Rican, etc.)	or No—	Spec	E — American India k, Whita, atc. lly: Lite	en,
ED	15. DEC	EDENT'S EDU	JCATION e. completed)		16a. DE0	CEDENT'S	USUAL C	CCUPATI	ON		16	b. KIND OF BU	SINESS/INI			
COMPLET	Elementary/Secondary (f		College (1-4 or 5	+)	lite.	Do NOT us	e retired.)									
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	17. FATHER'S NAME (First, M Glenn R.		ala						18. MOT	Olga		Middle, Maiden  May	Surname)			
BE	19a. INFORMANT'S NAME (		910		100	MAILING	ADDRES	C (Charat	and Museba			nber, City or Tow	- Out 7:	0-40	-	
5	Ronald H.		ter		130	4436						1211	n, Stare, Zij	Code)		
	20a. METHOD OF DISPOSIT			20b	PLACE	ND DATE C	OF DISPO	SITION (N	ame of		OA	TE 20c. LO	CATION -	City or To	wn, State	
	1 Surial 2 Crematic	arkw	natory ar of	Ceme	eter	У	1/	/8/9	4 Bai	lto.	Md.					
	21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204														
	Monald (. Seliafu f., Ruck Towson Funeral Home, Inc.															
	23. PART i. Enter the d	iseases, or	complications the	it ceused	d the dea	ath. Do n	ot ente	r the mo	de of dy	ing, auc	h ea cer	rdiec or reap	ratory en	reat,	Approxim	
	shock, or heert fellure. List/only one ceuse on eech line.  IMMEDIATE CAUSE (Final disease or condition SMALL CELL CARCINOMA OF THE LUNG SMONT											i Death				
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NO	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):															
ATI	If any, leading to imme cause. Enter UNDERLY		DOE 10	(UH AS A	CONSEC	UENCE OF	·):									
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CERTIFICATION	resulting in death) LAS	т	d													
	PART II. Other significa	ant condition	ns contributing to	deeth h	ut not ~	sultina i	n the ··	nderivia	a ceuec	gives is	Part I	24a. WAS AN	AUTOBOY	961	. WERE AUTOPSY FI	OCHAIRIMI
MEDICAL	3.3.1110			. acotti D		-Juniny I	ure u	eriyiii	A cansa	Assett III	rait I.	PERFOR	MED?	246	AVAILABLE PRIOR COMPLETION OF C	TO
ED												1 TYES 2	N. HNO		OF DEATH?	
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PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL	1					26. P	LACE OF	DEATH (Ch	eck only o	ene)				
)S	1 TYES 2 THO		HOSPITAL: 1/_Nopatient 2	☐ ER/Outp	patient 3	□ DOA	OTHE		ne 5 🗆 R	esidencs	6 🗆 Oth	er (Specify)				
PH	27. MANNER OF DEATH	Pending	28a. OATE OF (Month, E	INJURY		28b. TIMI	E OF URY		JURY AT ORK?		28d. OE	SCRIBE HOW I	NJURY OC	CURED		
ВУ	2 Accident	Investigation	00 BL 105 6				м		YES 2 [	NO						
ETED.	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)							-		28f. LO:	CATION (Street a or Town, State)	and Number	or Rural	Route Number,		
<u>P</u>		TIFYING PHYS	SICIAN: To the best of	f my know	ledge, des	nth occurre	d at the	time, deta	and place	e, and dua	to the ca	euse(s) and mai	nner as sta	ted.		
COMPLET	one) 2 MED	ICAL EXAMIN	ER: On the basis of e	xaminatio	n and/or li	nveatigatio	n, In my	opinion, d	seath occu	red at the	time, dat	a and place, an	d dua to th	na cause(i	and manner as a	tated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	ER O		1.0					ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
TO B	7 straday	D. de	fen,	m-d	0-				D19	508			<b>&gt;</b> /	141	94	
-	30. NAME AND ADDRESS O															
- 4	NATIVIDAD D.	DELEC	ON, M.D. S	T. JC	DSEF	HH	SPI	TAL.	7620	YOR	K RO	AD, TOV	VSON	MD.	21204	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILEO (Month, Day, Year)

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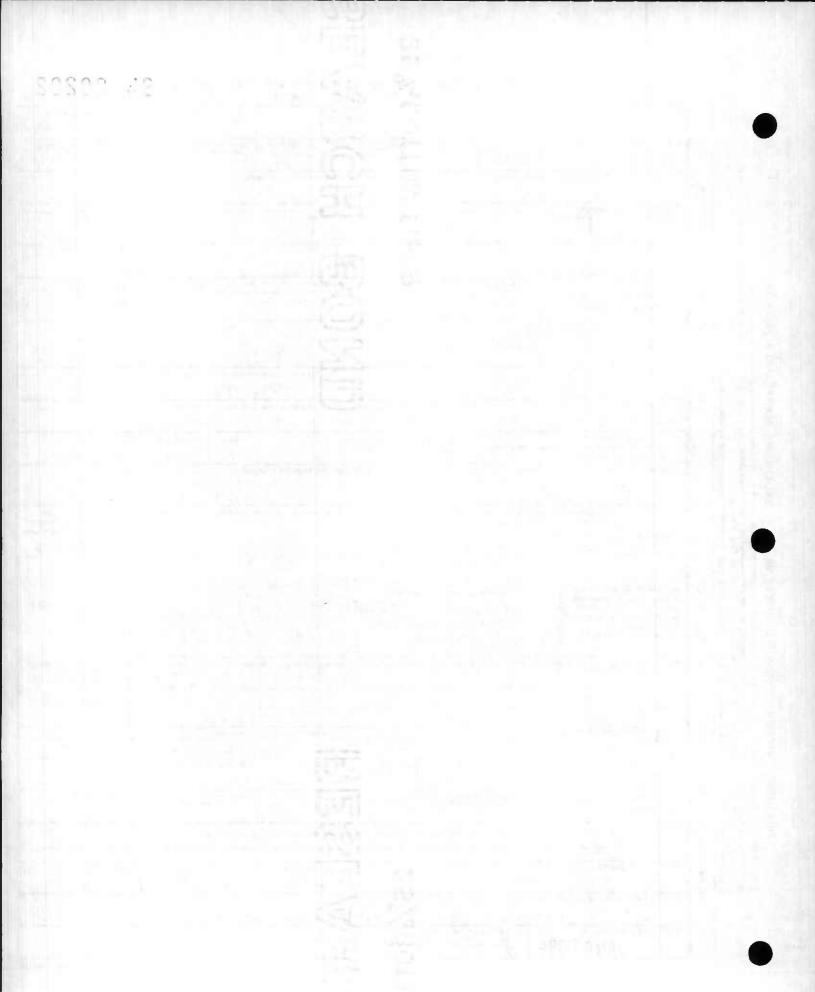
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befilled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	nce.
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<b>HYSICIA</b>	this certifi	ked, or
ENDING F	DR: After 1	8 is mar
AL OR ATT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Deor. of Health and Mental Hydriene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITA	FUNERA Within 72	RTANT: 1
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00202

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	MORRIS  SOCIAL SECURITY NUMBER	TAMES .	James A. Mo	rris # UNDER 1 YEAR		2. DATE OF D MONTH Jan	04 1	994 S	OF DEATH			
2	35-24-0087 FACILITY NAME (If not institution, give	1 🔀 M 2 🗌 F	9, 1923	B. BIRTNPLACE ( Country) West V	100							
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₾	aryland	NTY	-	town on Loca	TION	M I		LII	SIDE CITY WITS? ES 2 NO			
	STREET AND NUMBER			10	1. ZIP COOE			ZEN OF WHAT CO				
7 .	608 Lyndale Ave	12. WAS DECEDENT EV	VER IN U.S. ARMED		21213 ENDENT OF HISPANIC	ORIGIN? (So	U.S.	A.  14. RACE — Ame	rican Indian			
₩ 3 [	Never Married 2 X Married Widowed 4 Divorced		War II	If yea, ap	ecify Cuben, Mexican, 5 2 📆 NO Specify:			Black, White,	etc. nite			
	15. DECEDENT'S E (Specify only highest gratementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of we life. Do NOT use Truck D	ork done during me retired.)			al 557 T					
삤니	FATNER'S NAME (First, Middle, Last) Ohn B. Morris				16. MOTHER'S NAME Verlett	E (First, Middle	, Melden Sumame)					
0 1	199. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3608 Lyndale Avenue, Baltimore, Md. 21213											
20e 1 D	METNOD OF DISPOSITION  XBurial 2 Cremation 3 Re		20b. PLACE AND DATE Of competery, cremetory or other Lawn	DISPOSITION (Nama of DATE 20c.			20c. LOCATION -	LOCATION — City or Town, State Baltimore, Maryland				
21.	SIGNATURE OF FUNERAL SERVICE	LICENSEE		Schim	nd address of facili unek Fune: Brehms Lai	ral Ho			213			
IMI	MEDIATE CAUSE (Final	e. List only one cause	on each line.	et anter the mo	ode of dying, such			reat, A	pproximata iterval Between neet and Death			
	pulting in death)	DUE TO (OR AS A CONSEQUENCE OF): A cute Renal Failure										
IFICATI	quentially list conditions, any, teading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events souting in death) LAST	oue to (or as a consequence of):  Cardiac Amel arest  Due to (or as a consequence of):  Myo cardial Infarction / RUL Pneurous							48 hrs.			
	RT II. Other algnificant conditi	0.		-	/							
PHYSICIAN: MEDICAL 25.	one agricult	one contributing to det	our but not readiting in	nie underlym	g cause given in Pe		WAS AN AUTOPSY PERFORMED? YES 2 NO	OF DEA	UTOPSY FINDINGS ILE PRIOR TO ETION OF CAUSE ITH? ES 2 NO			
NE ZE.	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 PROBLEM TO MEDICAL  1 PROBLEM											
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COMPLETED	one) —	YSICIAN: To the best of my INER: On the basic of exami							nner ee stated.			
296	SIGNATURE AND TITLE OF CERTIF	M.D			29c. LICENSE NUMB	er 746 t	=28 DAT	E SIGNED (Month,	Day, Year)			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law man as a fear and the second within the cours after death. Page 6 may be retained by it	TO THE FUNERAL DIRECTOR: After this certificate has been uponed by a strending physician and completely filled in by the funeral director, page 5 should be	DOUL	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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_	1. DECEDENT'S NAME (First, Middle, Last)				111			40	2. DATE OF	OEATH DAY			TIME OF OEATH
H	JOHN H. WO	MACIC 5. SEX	6. AGE (In yrs.	4					1	121	194		5.45 A.
	224-66-9585	1 M 2 F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF	I- 45		VIRG	NCE (State or Foreign
-	9a. FACILITY NAME (If not institution, give sti CHURCH HOVE HOSPI				9b. CITY		PR LOCATION		EATH			ry of deat n/a	н
DINECTOR	MARYLAND 10b. COUNTY	n/a		10c. CIT	Y, TOWN		TIMORE				W	10 X	d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	20 NORTH BROADWAY	apt. 20				101	2123		H			ED ST	ATES
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V				If yes, sp		, Maxica	n, Puerto Ric	Specify Yes o	r No— 1	4. RACE — Black, W Specify:	
15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementarry/Secondarry (0-12)  6 TH  17. FATHER'S NAME (First, Middle, Last) JAMES WOMACK, IR.  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) UNEMPLOYED  18. MOTHER'S NAME (First, Middle, Last) JAMES WOMACK, IR.													
	17. FATHER'S NAME (First, Middle, Last) JAMES WOMACK JR.								ME (First, Mid LOVELA	die, Meiden Su CE	mame)		
	19e. INFORMANT'S NAME (Type/Print) NADINE MANLEY			7508	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 508 MONTEVIDEO COURT, JESSUP, MARYLAND 20794								
20s. METHOD OF DISPOSITION  1XXeurial 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)							(	01-08 LANSDOWNE, MARYLAND					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Jan Tan				D ADDRES	-		1 E. NC			
	23. PART i. Enter the diseases, or cahock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	ompilications the list only one can list only on	ise on each i	ina.						c or reapira	tory arre	nt,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (DR AS A CONSEQUENCE OF):													
	Diabetes Millims  Diabetes Millims  1 yes 2 no										RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?		
THI SICIPIK.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	ED/Output	2 🗆 2004	OTHE	R:	- 1-1		eck only one)				
	27. MANNER OF DEATH  1  Netural 5 Pending	25a. DATE OF (Month, L	INJURY	26b. TIM		28c. INJ WO			6 Other (: 26d. DESCI	RIBE HOW INJ	URY OCCL	RED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE C	Se. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

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1/2/94

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, d	eath occured at the time, data and place, an	d due to the cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

296. SIGNATURE AND TIT	
30. NAME AND ADDRESS	OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	TENOON WILD COMPLETED C						
NANSOOR	MA HMUOD	MO.	2806	VILLAGEP	DRIVE	AVENIAL	N 507001

DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE
JAN 0 71994	

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, MARYLAND 21215-0020	the R may be catained by the honoital or ottocoline sharing
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director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. POX 68760, BALTI	

30. NAME AND ADDRESS OF PERSON WHAT HAD HU JA 17
31. DATE FILED (Month, Day, 16er)
JAN 0 71994

	NEWK	IRK						2. DATE OF DEATH DATE OF THE D		994	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 239- 46-0394	5. SEX	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	R 1 YEAR	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-17-3	2	8. BIFTT	HPLACE (State or Foreign try) . C .
9a. FACILITY NAME (If not institution, give					V TOWN O	R LOCATIO	N OF DE			UNTY OF	
	PITAL			BALT	_	N OF DE	SAIN .	96. 000	UNIT OF	DEATH	
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUN	TY			LTO	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			DA	LIO	101	ZIP CODE			10a CI	TIZEN OF	YES 2 NO
5012 DENMORE	AVE					212			log. or	U.S	
11. MARITAL STATUS  XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. A YES 2 WAR OR DATES	RMED NO		If yes, spe		, Mexica	IIC ORIOIN? (Specify Yea n, Puerto Rican, etc.)	or No—		E — American Indian, ck, White, atc.
15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		- 1	ECEDENT'S Give kind of te. Do NOT u	work done	during mos		7	166. KIND OF BUS			
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Middle, Maiden	Surname)		
MACK D. NEWKI	RK					MAI	RY A	ALDERMAN			
19a, INFORMANT'S NAME (Type/Print)								Route Number, City or Town			015
JULIA JONES 20a. METHOD OF DISPOSITION			3000				NIN .	RD BALTO			ZID own, Stata
1   XBurial 2   Cremetton 3   Re 4   Donation 5   Other (Specify)   21. SIONATURE OF FUNERAL SERVICE I	ICENSEE	King	мел			parl		1/7/94 GLITY	RAN	IDAL	LSTOWN, I
4 Donation 5 Other (Specify)	complications the	at coused the dise on each lin	deeth. Do ne.	not enter	MAR	CH I	S OF FA	WEST 430	00 W	VABA	SH AVE Approximata interval Between
21. SIONATURE OF FUNERAL SERVICE L  23. PART I. Enter the diseases, Dishock, or haart failure immediates or condition	a. ME OUE TO DUE TO C.	at ceused the duse on each lin	TIC EQUENCE CO UNK	DF):	MAR	CH I	S OF FA	WEST 430	00 W	VABA	SH AVE
4 Donation 5 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE I  23. PART I. Enter the diseases, Drawbock, or haert failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. ME. DUE TO d. DORE CONTributing to	It ceused the dise on each lin  TAS TA  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI	TIC EQUENCE C UNK EQUENCE C EQUENCE C	DF):	MAR The mod	D ADDRESS RCH I de of dyle	S OF FAIR	WEST 430 h as cardiec or reapi	OO W	VABA	
23. PART I. Enter the diseases, Dishock, or heart failure immediate or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	It coused the dise on each line TAS TA (OR AS A CONSI	TIC EQUENCE OF TOTAL CONTROL OF THE	DEP:	MAR The mod	D ADDRESS RCH I de DI dyin	S OF FAME	Part I. 24a, WAS AN PERFOR	OO W	VABA	SH AVE  Approximata interval Betwee Onset end Deal
21. SIONATURE OF FUNERAL SERVICE I  21. SIONATURE OF FUNERAL SERVICE I  23. PART I. Enter the diseases, Dishock, or haert failure immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other algnificant conditions and the course in the course cause in the course cause in the course cause in the course cause ca	DUE TO  DUE TO	t ceused the dise on each line on each line (OR AS A CONSI (OR AS	TIC EQUENCE OF TORSION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	DF):  OF):  OTHE 4 Number of JURY M	nderlying  26. PL  R: raing Home	D ADDRES RCH I de D1 dyle ER  J CRUSS 9 J CRUSS 9 ACE DF OE B B RACE RCY RCY ES 2	s of FAM F / H ng, such	WEST 430 h as cardiec or respi	AUTOPSYMED?	VABA	SH AVE  Approximata interval Betwee Onset end Dear Dear Onset end Dear Dear Dear Dear Dear Dear Dear Dear
23. PART I. Enter the diseases, Diseases or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant conditions are sufficient condition.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO  DUE TO	It ceused the dise on each line on each line (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not the consideration of the consid	TIC EQUENCE OF TORSION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	DF):  OF):  OTHE 4 Number of JURY M	nderlying  26. PL  R: raing Home	D ADDRES RCH I de D1 dyle ER  J CRUSS 9 J CRUSS 9 ACE DF OE B B RACE RCY RCY ES 2	s of FAM F / H ng, such	Part I. 24a, WAS AN PERFOR	AUTOPSYMED?	VABA	Approximata interval Betwee Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end Des Onset end

FRESON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE, PHINT)

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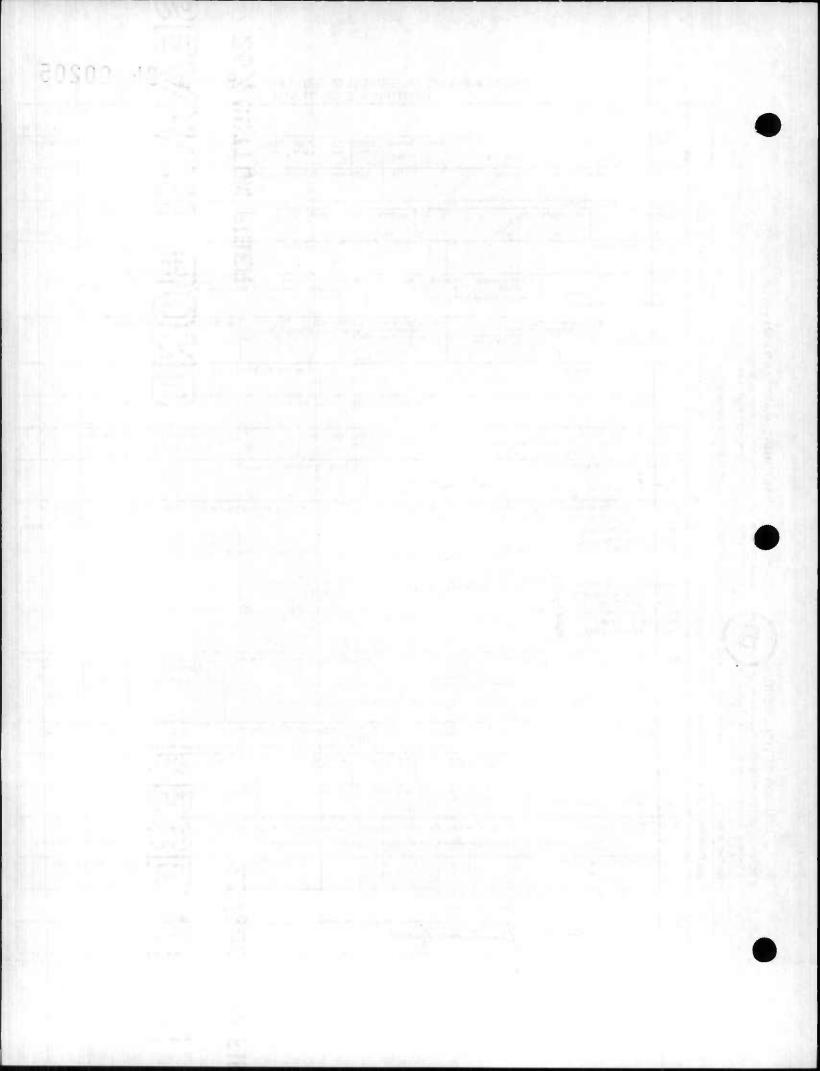
FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Bay requires that TO THE FUNERAL DIRECTOR: After this certificate has been supported by find within 72 hours after death with the State Deet, of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TEGIOTIAN				DAIL OF	DEA	111		G. NO.			
	1. DECEDENT'S NAME (First, Middle,	Lest)						2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH	
	BOBBIE	NI NI	EWION					JANUAR	RY 1	1994	2:18PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BI	RTH	8. BIRTH	PLACE (State or Foreign	
	216-42-9899	1 🛛 M 2 🗆 F	48	YRS.	NONTHE DAYS	HOURS				Country		
	9e. FACILITY NAME (If not institution.	ohn stand and suntant	10								MARYLAND	
-	96. PACILITY NAME (# not institution,	give street end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
1 6	JOHNS HOPKINS H	HOSPITAL			BALTIMORE					I/A		
ECTOR	RESIDENCE OF DECEDEN	T		, DAULTIONE					,			
1 22	10a. STATE 10b. CC	YTAUC		10c. CITY,	TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
DI N	MD	N/A		BAT	TIMORE					77.5	1 TYPES 2 NO	
با	10a. STREET AND NUMBER	11/11				ZIP COD	E	100	10a. C	ITIZEN OF W	WHAT COUNTRY?	
FUNERAL												
빌	1843 N. CHESTER					2121			U	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARM 1 YES 2 NO	MED O				IIC ORIGIN? (Sp. n, Puerto Rican,	ecify Yes or No-	14, RACE Black	- American Indien, t, White, etc.	
BY	1 Never Married 2 Married  3 Widowed 4 Divorced		WAR OR DATES				Spec/f)			Speci		
	3/2/ mounts 4   Divorces					25					BLACK	
	15. DECEDENT'S (Specify only highest		16a. DEC	CEDENT'S U	SUAL OCCUPATION	ON		16b. KIND	OF BUSINESS/	NDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT use	rk done during mo retired.)	St or world	ng					
김	10th	N/A		DTSA	BLED			T/I	/A			
OMPLETED	17. FATHER'S NAME (First, Middle, Las			DIOF	ADDED .					_		
5 8	SIDNEY D. NEWIX	•							, Maiden Surname	)		
E m	SIDNEY D. NEWIC	JN, SR.					CATHE	ERINE B	LACK			
B B	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING A	DDRESS (Street e	nd Numbe	r or Rural i	Route Number, Ci	ty or Town, State,	Zip Code)		
5	CATHERINE BLACE	7	1	843 N	. CHEST	ਹਜ਼ਾ	ਸ਼ਜ਼ ਉਸਾ	ייי /פאר ייי	TMORE.	MD 21	213	
2	20a. METHOD OF DISPOSITION				DISPOSITION /Na		TIVEL					
Traumatic event, the medical examiner must be notified at once.	1 1 Buriel 2 □ Cremation 3 □		cemetery, cren	natory or othe	er place)			OATE	20c. LOCATION			
E	Donation 5 □ Other (Specify)		WEST	ERN S	TAR CEN				CATONS	VILLE	, MD	
- L	21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE			22. NAME A	ND ADDRE	SS OF FA	CILITY				
E	1 t=		-		FORM C	MADO	3FT 13	17 /110	7 7 270	DOLL A	1 2220 27 272	
=		12	1		The same of the sa				l E. NC		VENUE	
9	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
Ē	IMMEDIATE CAUSE (Finel	iure. List only one ca	use on each ling.								Onset and Death	
÷ =	disease or condition	D.	12 . Mars	1	0 0 (						2416	
넡	reaulting in death)	. 10010	O (OR AS A CONSEO	S~	15000	,,,,					MAN	
8		C DUE TO	O (OR AS A CONSEO	UENCE OF):							7.4W	
# 2	Sequentially list conditions.	- Sepa	215									
CERTIFICATION	if any, leading to immediate	DUE TO	O (OR AS A CONSEQ	UENCE OF):								
B 8	cause. Enter UNDERLYING											
	CAUSE (Disease or Injury that Initiated events	DUE TO	O (OR AS A CONSEQ	UENCE OF):								
	resulting in death) LAST											
引贝		d										
1	PART II. Other algnificant cond	ditiona contributing to	death but not re	aulting in	the underlyin	a ceuse	alven in	Part I. 24s.	WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS	
- 8	Track E	Thre !	who be as a	M	. ~~				PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICA	and Fu	11010	) V J TU TO	- / 1	6000			1 [	YES 2 NO		OF DEATH?	
											1 TES 2 NO	
#												
AN	25. WAS CASE REFERRED TO MEDIC	AL I			28. Di	ACE OF I	DEATH (CA	eck only one)				
is marked, or item 23 she D BY PHYSICIAN: N	EXAMINER?	HOSPITAL:			OTHER:							
YS o	1 TYES 2 THO		☐ ER/Outpatient 3		I ☐ Nursing Hom		esidence	6 Other (Spe	icfly)			
A E	27. MANNER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIME INJU		URY AT		28d. DESCRIB	E HOW INJURY	OCCURED		
mark BY	1. Natural 5 Pending 2 Accident Investige					YES 2 [	NO					
E	3 Suicide 8 Could no	28a. PLACE	OF INJURY - At hon	ne, farm, str	eet, factory, offic	•		28f. LOCATION	(Street and Num	ber or Rural F	Route Number,	
10 III	4 Homicide determin		, etc. (Specify)				4	City or Tow	vn, State)			
E U	as appressed a 2											
ANT: If Item 2		PHYSICIAN: To the beat of	of my knowledge, des	ith occurred	at the time, date	end place	, and due	to the cause(e)	end manner as a	stated.		
	one) 2 MEOICAL EXA	AMINER: On the beels of	examination end/or in	nvestigation,	In my opinion, d	leath occu	red at the	time, date and p	place, end due to	the ceuse(a	) and menner as stated.	
NE O	29b. SIGNATURE AND TITLE OF CER											
B B	290. SIGNATORE AND TITLE OF CEN	HIFIEH					ENSE NUI		29d, D	ATE SIGNED	(Month, Day, Year)	
	DV 1.10	/ ~s				m	020	0		116	194	
은	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	USE OF DEATH (ITEM	1 27) (Type, F	Print)							
	Steven M	1135 A	NO 0	JOIL	a Iti	17/4	-	140 501	hl			
	31. DATE FILED (Month, Day, Year)	32 AEGISTA	AR'S SIGNATURE		- 11		_	110/4.		_		
	JAN 0 7199	OA Print	Senden An	dul								
	I I A KI A / IUI											

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notified

any injury, or other traumatic event, the medical examiner must be

IMPORTANT: If item 28 is marked, or item 23 sports any injury, or other traumatic event	
be filed within 72 hours after death with the second of the filed within and Mental Hygiene prior to burial, crem	
TO THE FUNERAL DIRECTOR: After this certificate to the samed by the attending physician and complete	
TO THE HOSPITAL OR ATTENDING PHYSICIAN who is requires that the death certificate be executed with	
DIVISION OF VITAL BECORDS, P.O. BOX 68760	

TO BE COMPLETED

	FOR	STATE OF MA	ARYI AND	/ DEPAR	RTMFN	T OF H	IFAITH AND	) MEN	ITAI HYGIEN	r '	ο Γ',	00206
	1 - STATE REGISTRAR						DEATH	, MEI	REG. NO.	_		
	1. DECEOENT'S NAME (First, Middle, Last)								ATE OF DEATH	ΙΥ	YEAR	3. TIME OF DEATH
	Walter. OUTL	,	01.02.1						11.15 am			
	4. SOCIAL SECURITY NUMBER 231-09-7809	5. SEX 1 M 2 F	91	st birthday) YRS.	IF UNDE MONTHS	DAYS	IF UNDER 24 HRS	7. 0	ATE OF BIRTH Month, Day, Year) 3 - 22-0	2	8. BIRTHI Country S.	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	Y, TOWN	R LOCATION OF	OEATH		9c. COL	UNTY OF DE	ATH				
TOT:	HOWARD COUNTY						НО	WARD				
DIRECTOR	MD HOW	v Vard			y, town JESS		TION					10d, INSIDE CITY LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CI1	TIZEN OF W	HAT COUNTRY?
EB	8921 CARRIL HET	GHTS AVI	₹.				20794			11	.S.A	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAS	EVER IN U.S. AT	RMED NO		If yes, sp		dcen, Pu	RIGIN? (Specify Yes erio Ricen, atc.)		14. RACE Black,	- American Indian, White, etc.
COMPLETED	1S. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(0	9. Do NOT u	work done se retired.)	during mo	st of working		16b. KIND OF BUS	SINESS/IN	IDUSTRY	
Ĭ.	17. FATHER'S NAME (First, Middle, Last)			MER	CHAN	I.T.	SEAMAN		irst, Middle, Maiden	Cumpanal	_	
BE CO	UNKNOWN						UNKN			Sumame)		
5	19a. INFORMANT'S NAME (Type/Print)		19				nd Number or Rui	ral Route	Number, City or Town			
	ETHEL MAE OUTL	AW		892]	L CA	RRO	LL HEI	GHT	SAVE	JES	SUP,	MD 20794
	20e. METHOD OF DISPOSITION 1    Burlel 2 □ Cremetion 3 □ Rem  □ Donation 5 □ Other (Specify)	oval from State	MEAD			DISPOSITION (Name of OATE 20c. LOCATION — City of Town, OGE CEMETERY 1794 ELKRIDGE, I						
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.		D ADDRESS OF				,	
Į.	& ladio	Wan	w		M	ARC	H F/H-	- WE	ST 430	O W	ABASI	HAVE
	23. PART i. Enter the diseases, or ahock, or heart failure.	complications that	ceused the d	eeth. Do i	not ente	r the mo	de of dying, s	uch as	cerdiec or reepi	ratory e	rrest,	Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	SE	PSIS									Onset end Dasth
		OUE TO (C	R AS A CONSE	OUENCE O	F):							
NOL	Sequentially list conditions, if any, leading to immediate	b. BR	ONCHO	PNE TOUENCE O	UMO]	NIA						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c. RE	NAL F	AILU	RE							
CERTIFICATION	that initiated evente resulting in deeth) LAST	oue to (c	R AS A CONSE	OUENCE O	F):							
	PART II. Other eignificant condition	ne contributing to d	eeth but not	reculting	in the u	nderiyin	g ceuse given	in Part	i. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
S	CARCINOMA O					-			PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	ATHEROSCLER	OTIC CAR	DIO_V	ASCU	LAR	DIS	SEASE		1 120 2	2010	- 1	OF OEATH?  1 TYES 2 TNO
N N							·					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DEATH					
448	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF II		28b. TIN	_		e 5 🗆 Residenc			MALEN CO	OCUPES	
	1 Natural 5 Pending	(Month, Day		IN.	JURY .		OHY AI OHK? (ES 2 NO	280.	DESCRIBE HOW I	MJUHY OC	CUMED	
BY	2 Accident Investigation	DE BLACE OF	the resumer	1			2 Z [] NO	-				

1 YES 28e. PLACE OF INJURY — At home, larm, street, lectory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one)

N. Vellanki, MD В. 10 COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER D30469.

29d. DATE SIGNEO (Month, Day, Year) 01.02.1994.

9055. Chevrolet #Suite 100, Ellicott City, MD 21042. Drive,

31. DATE FILEO (Month, Day, Year)

JAN 0 71994

6 Could not be determined

3 Sulcide

4 Homicide

12 BEGISTRAR'S SIGNATURE Lie Denden - Re

ASP ITEM: 4. PER F.H. FILM G-707 1/25/94 t.t Item 20b F.H. Film# G-707 01/7/94 R.M.

1 - FOR STATE REGISTRAR 00207 96 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 0 1 WALTER LYNN OLIVER 02 1994 2125 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 10-31-69 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 231-31-2383 1XX M 2 □ F BHTHOW DAYS HOURS MIN. NEW YORK 24 YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR n/a JOHNS HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE n/a 1 YES 2 NO permit. FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 101. ZIP CODE 307 E. 23 RD STREET 21218 use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑YES 2 □ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BILACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) detached for ntary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 12 n/a TΗ once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)
GERALDINE OLIVER be retained by the JIMMY SMITH BE notified funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Nu BALTIMORE, Town, State, Zip Co MARYLAND 2 HALSTEAD ROAD, 21234 1372 GERALDINE JONES be 20e. METHOD OF DISPOSITION
1 XX Surial 2 ☐ Cremation 3 ☐ Removal from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Driglay other place)

RCH CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) AMELIA CO., VIRGINIA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ours after death. WM. C. MARCH FH .- 1101 E. NORTH AVENUE filled in by the fion, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. De not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. intarvai Batwean IMMEDIATE CAUSE (Final Onset and Death and completely fille burial, cremation. the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF executed traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents reaulting in death) LAST 0 death ( the atten PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION DF CAUSE any YES 2 NO OF DEATH? Shows YES 2 | NO been t. of PHYSICIAN: has be Dept. MP **DIVISION OF VITAL** 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The item certificate h HOSPITAL:
1 ☐ Inpetiant 2 ☐ ER/Outpetient ※ MOA OTHER: OR ATTENDING PHYSICIAN: XX YES 2 - NO 4 Nursing Home 5 Residence 8 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this with marked, 5 Pending Investigation 1 Natural 01-02-1994 9:16PM 1 YES 2 NO SUBJECT WAS SHOT After death BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide 69 ETED. DIRECTOR: hours after 4 Homicide 28 determined STREET 1900BLK GREENMOUNT AVE 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) COMPL HOSPITAL FUNERAL I = TO THE HOSPITA
TO THE FUNERAL
BE MED WITHIN 72 2XXMEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end pieca, 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E 01 - 03 - 1994MID COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 111 Penn Street, Baltimore, Maryland HEDDORE JAN 0 7 1994 GISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

BOX 68760 P.O. RECORDS.

ERTIFICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  History of Wiskott Aldrich Syndrome  C. History of Wiskott Aldrich Syndrome  Due to (or as a consequence of):											
CATION	s. DUE TO (OR AS A CONSEQUENCE OF): Autoimmune Hemolytic Anemia  But TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
event, the medical	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Dis	seminat	ed In	travas	cular Coa			itory arreat,	Approx interval Onset a		
al examiner	21. SIGNATURE OF FUNERAL SERVICE L	nga	SK		Bruze 1407	dzinski l Eastern	Funer	al Home ue Esse	PA ex, Ma			
must be	20a. METHOD OF DISPOSITION 1   Burlel 2   Cremetton 3   Rem 4   Donatton 5   Other (Specify)	Al-	cemetery, c	E AND DATE O	proisposition ther place)  1 Mem	(Name of Gard. 1	/6/94	TE 20c. LOCA	TION — City o			
TO B	190. INFORMANT'S NAME (Type/Print)  Virginia Oxendi	ne	1			et and Number or Rus eake Road	ral Route Nur	mber, City or Town,		aryland		
at once.	17. FATHER'S NAME (First, Middle, Last)  Farl Oxendine		1 50	MA CUC			NAME (First,	Middle, Maiden Su		417		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+)	Give kind of with Do NOT us	e retired.)	ATION most of working	16	Baking				
LETED BY FUNEF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2 X	NO	if yes,	Specify Cuban, Max ES 2 X NO Spe	icen, Puerto odly:	Pican, atc.)	3	Black, White, atc. Specify: White		
FUNERA	7354 Chesapeake	Road	IT EVED IN II S. A	RMEO	12 450 (	21220 DECENDENT OF HIS	DANIC ORIO		U.S.			
AL DIRE	Maryland Balti		dle Ri				10d. INSIDE CLIMITS? 1 YES 2					
RECTOR	Franklin Square RESIDENCE OF DECEDENT 100. STATE 10b. COUNT			10c CITY	ROSSV	24 24 14		Baltimo				
	217-88-5603  9a. FACILITY NAME (If not institution, give in the second s		34	YRS.		N OR LOCATION OF	9c. COUNTY C					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEA		7. DATI	thary 4	1994	1:11 IRTHPLACE (State of		

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTIF	RTMENT OF	HEALTH AND M		YGIENE EG. NO.	94	0020	
	1	1. DECEDENT'S NAME (First, Middle, Last)	REIVES				2. DATE OF D	DAY 177	TEARY 3.	TIME OF DEATH	
무		4. SOCIAL SECURITY NUMBER 214-26-0545	1 🗆 M 2X(3), F	(In yrs. lest birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF B (Month, Day	y, Year)	Country)	ACE (State or Foreign	
, 2, 3 should	тов	9a. FACILITY NAME (If not institution, give st UNIVERSITY HOS RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY						
it. Pages 1,	рівестов	10a. STATE 10b. COUNTY		10c. Cf	TY, TOWN OR LOCA BALT	TIMORE CIT	Y			Od. INSIDE CITY LIMITS?  X YES 2 NO	
n. ansit permit.	FUNERAL	100. STREET AND NUMBER  1047 BETHUNE ROA	AD		10	21225		10g. CITIZE	AT COUNTRY?		
21215-0020 all or attending physician. for use as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 TNO	If yes, s	CENDENT OF HISPANIC pecify Cuben, Mexican, S 2 NO Specify:	ORIGIN? (Sp Puerto Rican	pecify Yaa or No			
21 for u	IPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT of LAUND		ost of working		O OF BUSINESS/INDU		K	
1ARYLAND 2 trained by the hospital should be detached to	BE COMPL	17. FATHER'S NAME (First, Middle, Last)  CLARENCE	PAILPOT	г		18. MOTHER'S NAME SARAH	E (First, Middle E .	BROOKS			
ORE, MAR 6 may be retained ctor, page 5 should must be notified	10	20a. METHOD OF DISPOSITION	IVES	1047	BETHUNE OF DISPOSITION (N	ROAD, BALT			ND 21		
ALTIM leath. Page funeral dire xaminer		1 N Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE CO	N	MT. ZION	JOSEP	H H. BROWN	BALTIMORE FUNERAL H	CIMORE, MARYLAND			
BOX 68760, sate be executed within 24-hours aft hystician and completely filled in by a prior to burfal, cremation, or remore traumatic event, the medical results and the contract of the medical contract of the medical contract of the medical contract of the medical contract of the medical contract of the medical contract of the con	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	ach line.	ont antar the many of the many	oda of dying, such	aa cardiac	or respiratory arres	it,	MD. 21223 Approximate Interval Between Onset and Death Smin 4months	
records, p w requires that the death been signed by the atten pt. of Health and Mental I shows any Injury, or	MEDICAL	PART II. Other significant conditions  hyperlession, and  mellins	gestive hea	out not resulting H failu	in the underlyin	ng cause given in Pa a boks		WAS AN AUTOPSY PERFORMED? YES 2 10	CO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 1 40	
F VITAL SICIAN: The law certificate has the State Dep	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	LACE OF DEATH (Check		ocify)			
G PHY of PHY of with	ВУ РНУ	27. MANNER OF DEATH  1	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY		JURY WO	YES 2 NO		E HOW INJURY OCCU			
DIVISIO OR ATTENDIN DIRECTOR: Att hours after dea Item 28 Is n	LETED	4 Homicide determined	building, arc. (Spec	элу)			City or Tou			e Number,	
= 25 m	COMPL	(Check only one) 2 MEDICAL EXAMINES	IAN: To the best of my know	ledge, daath occuri n and/or investigati	red at the time, data on, in my opinion, o	Seath occured at the time	ne, date and p	place, and due to the o	ceuse(s) an		
TO THE HOSPI TO THE FUNEF De filed within IMPORTANT:	TO BE	Man Black D.P.	COMPLETED CAUSE OF DE	ATH (ITEM 27) (See	Print	D 31468		29d. DATE 5	H 4	onth, Day, Year)	
4		MARI BLACKBURN, 31. DATE FILED (MORTH, Day, Year)	D. D. , UMA	45, 22	. 11	Greenest	BALT	v mb 2	2120	1	
)		JAN 0 61994	Juli Danie	m- fender							

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inguid by the attending physician and companies filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Mental hydrone prior to burial, cremation, or removal.

ows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE FUNERAL DIRECTOR: After this certifical to be filed within 72 hours after death with the State of IMPORTANT: If I lem 28 is marked, or I lem 23

30. NAME/AND ADDRESS OF PEASON WHO/COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

R. Menor, M.D. C/O Maryland General Hospital

1-1,11	First, Middle, Last)				ICATE OF		2. DATE OF DEATH	0.		3. TIME OF DEATH	
EUGE	NE	RICHT	ARDSO	m			January .	5, 19	94EAR	1:50 P	
4. SOCIAL SECURITY NO		5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)		Country	PLACE (State or Foreign	
216-72-44	+40	1 M 2 F	34	YRS.	OF CITY TOWN	OR LOCATION OF D	9-16-	300	BALT		
9a. FACILITY NAME (# 70 Maryland	d Gener	al Hospi	tal		Baltin	or Location of Di lore City	LAM	1	ONT OF DE	AIN	
RESIDENCE OF D	10b. COUN	TY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
MD.				BAL	TIMORE	CITY				LIMITS? TYPES 2 NO	
10e. STREET AND NUMB		E STREE	TP.			M. ZIP CODE 21201		100	J.S.A	HAT COUNTRY?	
11. MARITAL STATUS	CENTR	12. WAS DECEDER	NT EVER IN U.S. AR	RMED			NIC ORIGIN? (Specify )		14. RACE	- American Indian.	
1 Never Married 2 3 Widowed 4 1		FORCES?	YES 2 WAR OR DATES	NO	If yes, s		an, Puerto Rican, etc.)		BLAC	White, atc.	
15. [ (Specify Elementary/Secondar	only highest grad	UCATION fe completed) College (1-4 or 5	(G	CEDENT'S live kind of Do NOT u	USUAL OCCUPAT work done during m se retired.)	ON ost of working	16b. KIND OF B	USINESS/II	OUSTRY		
UNKNOWN	7 (0-12)	UNKNOWN		SES	AID						
17. FATHER'S NAME (First		0.037				A I COMP	ME (First, Middle, Maide				
EUGENE R		SON	10	b. MAILING	ADDRESS (Street		WILLIAN Route Number, City or R		In Code		
JOYCE SMI			8					WII, Statu, 2	ир Соон)		
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
4 Donation 5 0	4 Donation 5 Option (Specify) MOUNT ZION CEMETERY 1-8 3900 HOLLINS FERRY										
21. SIGNATURE OF PUNE	SERVICE L	Juma	10			N CARRO	LL 1712V	EST	NORT	H AVE	
23. PART I. Enter the	diseases, Dr	complications the	at coused the de	ath. Do	not enter the m	oda of dying, auc	h aa cardlac Dr rea	piretory a	rreat,	Approximata interval Between	
shock, D IMMEDIATE CAUSE ( disease or condition	(Final Card									Onset and Deat	
	-	a. Car	O (OR AS A CONSE	MENCE O	1451 C	inest				Immedia	
resulting in death)				0001100							
Sequentially list con		b. See	O OR AS A CONSE	WETE O	G dardis	myopathy				6 month	
Sequentially list con if any, leading to im cause. Enter UNDER	mediate	b. CLE TO	OR AS A CONSE	WE FE	G dardis					6 month	
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Sec. 2.7 -- 4

		FOR
1	_	STATE
U		REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## A SOCIA DESCRIPTION VARIABITY PARAMETERS AND A SOCIAL PARAMETERS CONTINUED TO A SOCIAL PARAMETER		REGISTRAR		CERTIFI	CALE	F DEATH	REG. N	0.			
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THE STATE OF COLORS OF STATE O		4. SOCIAL SECURITY NUMBER	1 11					8.	BIRTHPLACE (State or Ferei		
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190. STREET AND HAMMER  190. A STREET AND HA	. 3	9a. FACILITY NAME (If not institution, give	street and number)	1	9b. CITY, TOW	N OR LOCATION OF D	EATH	1	OF DEATH		
19. NO. ETHERT AND NUMBER  3.0   C   S   C   C   C   C   C   C   C   C	OR	HU95BRUG	Lutizen 1	, H. I.	6811CA	mpfieldro	Balt, no	4 15,	+LTIMORE		
19. MALECATE AND MARKET  3. OUT TO AND MARKET  11. MANNET, STRUES  12. WAS DECORDET EVER IN U.S. JAMED  13. WAS DECORDET EVER IN U.S. JAMED  13. WAS DECORDET TO THIRDWARD CONDITION?  14. INVESTIGATION OF THIRDWARD CONDITION?  15. WAS DECORDET TO THIRDWARD CONDITION?  16. NOT CONDITION OF THIRDWARD CONDITION?  17. FASTER STANDER (Part. Moder. And Conditions)  18. SUBCECTION TO SUBMINISTRATION OF THIRDWARD CONDITIONS  19. NOT CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITIONS  19. NOT CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITION OF THIRDWARD CONDITION OF	5		2			1					
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Segentially list conditions.  The Description of Injection   The State   The S	¥	10e. STREET AND NUMBER	, , ,			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
Sequentially first conditions, and extended events and extended ev	ÿ	30/6 3/ 1	utesLANE	2		2120	7	1 U	5,4		
Test   April 1   Directed   If Yes   Color Wan OR DATES   1   Yes   2   And Specify   Support	2							aa or No 14	. RACE American Indian,		
18. SCIENCE THE RECORDING  (Store) of hy Storing price conceived  (Store) of hy Storing price  (Store) of hy Storing  (Store) of hy Store  (St											
Emerating/Secondary (PT)  College and or 5 -   Past for Secondary (PT)  Past for   Past for   Past for Secondary (PT)  Tr. PATHER'S NAME (PT) NAME								/-	3 lack		
TT. PATTERT'S NAME (Pipe, Modin, Last)  17. NATIONER'S NAME (Pipe, Modin, Last)  17. NATIONER'S NAME (Pipe, Modin, Last)  17. NAME (Pipe, Modin, Last)  18. MOTHER'S NAME (Pipe, Modin, Last)  18. MOTHER'S NAME (Pipe, Modin, Last)  19. METHOD OF DISERCHTION  19. MET	Ш	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of w	rork done during		16b. KIND OF 8	USINESS/INDUS	TRY		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHISCULA TO REPORT THE CHARGE THE THE CHARGE THE HEAD OF THE PAGE 6 May be retained by the hospital or attending physician.	L DIRECTOR: A million of the control of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	2 hours after deam worm to the property of the state of the prior to burial, cremation, or removal.	liem 28 is marred or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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22. NAME ONE DEATH  23. SIGNATURE OF PLASING SERVICE COVERS  24. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  25. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  26. Due to (on as a consecutive or):  27. PART II. Other algnificant conditions.  28. Due to (on as a consecutive or):  29. Wes CASE REFERRIED TO MEDICAL EXAMINER:  10. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  29. Wes CASE REFERRIED TO MEDICAL EXAMINER:  20. Wes CASE REFERRIED TO MEDICAL EXAMINER:  20. Notice of DEATH  20. Notice of DEATH  20. CENTER:  20. Wes CASE REFERRIED TO MEDICAL EXAMINER:  20. Notice of DEATH  20. Notice of DEATH  20. CENTER:  20. Notice of DEATH (Cineck only only)  20. Machiner of DEATH  20. CENTER:  20. Notice of DEATH (Cineck only only)  21. Medical Examined  22. Medical investigation  23. Succident investigation  24. Decident of the course(a) and memore as stated.  25. MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and memore as stated.  26. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TITER 27) (Type, Print)  26. DUE TO (DEATH) (Titer 27) (Type, Print)  27. S. CELLICENSE NUMBER  28. LICENSE NUMBER  29. LICENSE NUMBER  20. ADATE SIGNED global, the cause(a) and memore as stated.  29. LICENSE NUMBER  29								-					
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Interval Brown   Inte		1712 WEST NORTH AVENUE 21217											
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (M) YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (M) YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  29.  DATE OF INJURY  2		shock, or heart fall IMMEDIATE CAUSE (Final disease or condition	lure. List only one o	Sub ar	ine.	ord. H	ode of dying, au	ch aa cardiac			Approxima Interval Be Onset and		
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EXAMINER?  1 DYES 2 ND  1 Oppositent 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)  27. Manner of Death  1 Noture  28a. Date Of Injury  (Month. Day, Year)  28a. PLACE OF INJURY  7:15 PM  1 YES 2 NO  28a. PLACE OF INJURY  7:15 PM  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. PLACE OF INJURY — At home, farm, street, factory, office  28a. DESCRIBE HOW INJURY OCCURED  28a. DESC	L CERTIFI	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE 1  c. DUE 1  d.	SUD OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONST	sequence o	01d. H	lemon	n Part I. 24	ta. WAS AN AUTOPS' PERFORMED?	irrest,	Approxima Interval Be Onset and Onse		
27. MANNER OF DEATH    Netural   Sec. DATE OF INJURY   28b. TIME OF INJURY   28c. INJURY AT WORK?   28d. DESCRIBE HOW INJURY OCCURED   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NO   NO   NO   NO   NO   NO	L CERTIFI	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant cond	b. DUE T c. DUE T d. dittiona contributing to	SUD OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONSTITUTE OF OR AS A CONST	sequence o	01d. H	lemon	n Part I. 24	ta. WAS AN AUTOPS' PERFORMED?	irrest,	Approxima Interval Be Onset and Onse		
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one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as at 296. SIGNATURE AND TITLE OF CENTIFIER  296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Month, Day, Year)  298. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  298. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  299. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	PHYSICIAN: MEDICAL CERTIFI	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural	b. DUE T d. DUE T d. HOSPITAL: 1 Pepatient 2 28a. DATE ( (Month)	O (OR AS A CONSTITUTE OF INJURY)	SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O	OID. P. F):  In the underlying the second th	ng cause given in	n Part i. 24	a. WAS AN AUTOPS' PERFORMED? YES 2 NO	Y 24b	Approxima Interval Be Onset and Onse		
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I TO DATE EN ED (Manth Day Vent)   20 DECETTABLE AND ADMINISTRA	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1  VES 2 ND  27. MANNER OF DEATH  1  Natural 2  Accident 3  Suicide 8 Could in detarmin  29a. CERTIFIER (Check only one) 2 MEDICAL EXI  29b. SIGNATURE AND TITLE ON SA  30. NAME AND ADDRESS DF PERSD	b. DUE T  c. DUE T  d	O (OR AS A CONSTITUTE OF INJURY Day, Year)  Of Injury — At g. etc. (Specify)  of my knowledge, axamination and/	SEQUENCE O SEQUENCE O	Print)	ng cause given in  PLACE OF DEATH (C  me 5 Residence LJURY AT  ORKY  YES 2 NO  los and place, and du  death occured at the	theck only one)  6 □ Other (S)  28d. DESCRI	Decity)  HEE HOW INJURY O  ON (Street and Numbown, State)  SAME AS  (a) and menner as at d place, and due to	Y 24b  CCURED  See or Rural I  # 10  tated.	Approxima Interval Be Onset and Onse		

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MICHTAGO

		1 - FOR STATE REGISTRAR		STATE OF I		DEPAR					IENTAL HYGIEN		94	00213
		1. DECEDENT'S NAME (First, DONALD		ERSON		SHAY		SR.			2. DATE OF DEATH		4 <sup>YEAR</sup>	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER  207-03-1.525  5. SEX  1√ M 2 □ F			6. AGE (In yrs. In 80	ast birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	ARINA	7. DATE OF BIRTH (Month, Day, Year) JULY 23,	1913	Country	PLACE (State or Foreign SYLVANIA
	OR	99. FACILITY NAME (If not institution, give street and number) 205 HILLTOP ROAD  9b. CITY, TOWN OR LOCATION OF DEATH LINTHICUM								тн		NE A	RUNDEL	
	DIRECTOR	RESIDENCE OF DEC		10c. CITY	, TOWN O	R LOCA	TION					10d, INSIDE CITY		
		MARYLAND		ANNE ARUN	DEL		LII		CUM					1 YES XX NO
	FUNERAL	100. STREET AND NUMBER 205 HILLTOP						10	2109	_		U.S	.A.	HAT COUNTRY?
	В	11. MARITAL STATUS  1 Never Merried 2 🔀  3 Widowed 4 Divo		12. WAS DECEDEN FORCES? IF YES, GIVE V	YES 2 X		- 1	yes, sp	ENDENT Of Cube 2 NO	of HISPANIC n, Mexicen, Specify:	C ORIGIN? (Specify Year Puerto Ricen, atc.)	or No-	Black,	- American Indian, White, etc.
	TED	15. DEC (Specify only	EDENT'S EDU y highest grad	JCATION e completed)	(	ECEDENT'S Give kind of w	rork done d			ng	16b. KIND OF BU			
	PLET	Elementary/Secondary (0	)-12)	College (1-4 or 5	+)	n. Do NOT us PRO	e retired.) FESS(	OR			DENTAL S			DVIAND
once.	COMPL	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOTH	HER'S NAM	E (First, Middle, Maiden		r riA	KILAND
a	BE C	FREDERICK R		SHAY						HAEL	CLEMENT		HUG	HES
notified	5	MRS. SARA F	., ,	S SHAY							CHT.CUM, MA			1090
must be		20e. METHOD OF DISPOSITION 1   Burlet 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)   MEADOWRIDGE   MEMORIAL PARK   1994   20c. LOCATION - City or Town, State   Cemelery, crematory or other close.   MARYLAND												
medical examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME,  1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 2106										,		
the		23. PART I. Enter the dispesse, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  e. Paracrafta Cauchana with watastass.										Approximate Interval Between Onset and Death		
numatic eve	TION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
or other traumatic event,	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST  d.												
23 shows any injury,	MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Congruent attends cloudts liquid desease  1 yes 2 No									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2			
Item	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER	=	1	EATH (Chec	5450 10.00			
à	HYS	1 YES 2 NO		1 Inpatient 2		3 DOA		ing Hon 28c. INJ			Other (Specify)  28d. DESCRIBE HOW II	N.IIIBY OCC	TIBED	
is marked,	ВУ Р	1 Natural 5 Accident	lay, Year)	JUNI	JRY M	WC	PRK? YES 2							
28	ETED !		Could not be determined	28e. PLACE C building,	F INJURY — AI h etc. (Specify)	ome, term, s	ireet, facto	ery, offic			281. LOCATION (Street ( City or Town, State)	and Number	or Rural Ro	oute Number,
NT: If Item	OMPL										o the ceuse(e) end mer			end manner ee stated.
IMPORTANT: If	ro BE C	29b. SIGNATURE AND TITLE	11	FLA	der o	W)			1	IS3		29d. DATE	SIGNED (	Month, Day, Year)
- 4	- 1	30. NAME AND ADDRESS OF	- RESISON WI	10 COMPLETED CAUS	SE OF DEATH (ITI	FM 27) /7me	Print1							

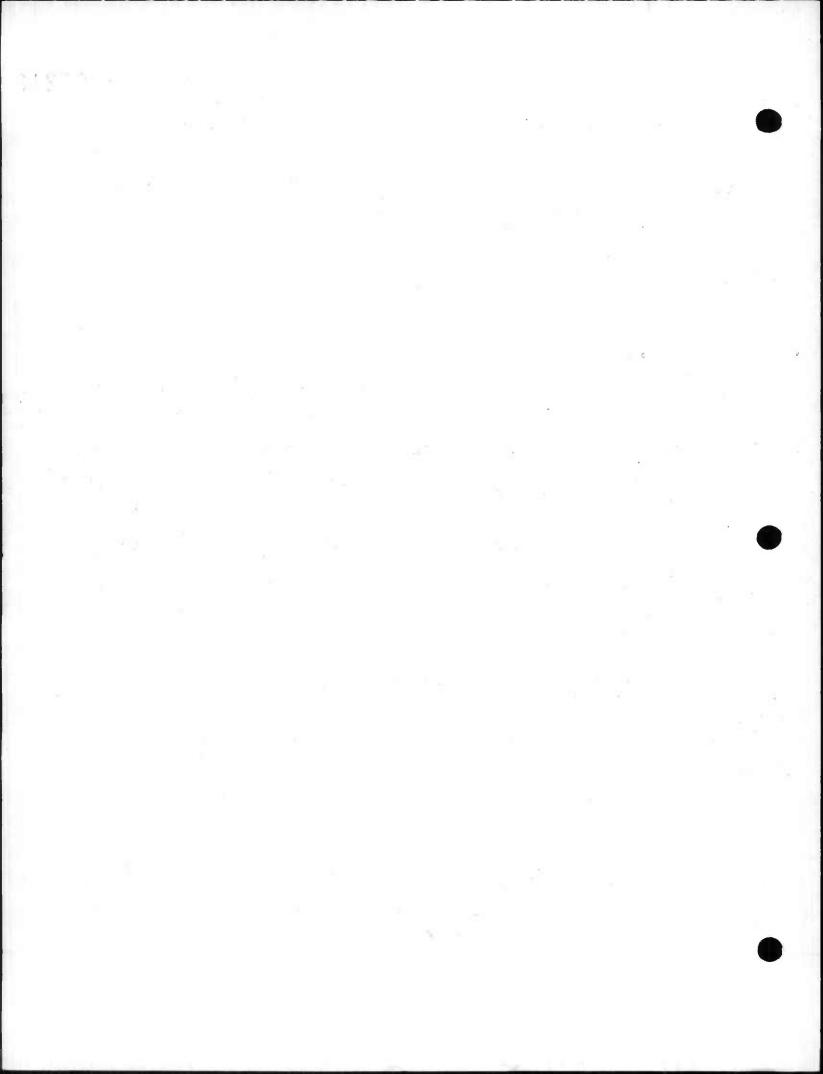
GREENE

REBSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FISHER WM) 22 S,

32 EGISTRAR'S SIGNATURE

BACTMORE



JAN 0 71994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) ALICE M. SAVERINO 2. DATE OF DEATH 3. TIME OF DEATH YEAR Alice Saverino 94 01:26AM M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR | IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign Country) 1 M 2 F DAYS HOURS BRIN 216-32-2070 79 YRS NEW YORK, N.Y. 5/20/14 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR gnes Hospital ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO use as the burial-transit permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 417 WHEATON PLACE 21228 U.S.A. 24 frours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married BY 3 Wildowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8TH GRADE HOMEMAKER HOMEMAKING once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) to ARTIBINO MARTINI BE ADA FABRI notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 EUGENE B. SAVERINO 4 MARTZ ROAD - SYKESVILLE, MD. 21784 pe 20a. METHOD OF DISPOSITION
1 □ Burlat 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE must 4 Donagen 6 Other (Specify) METRO CREMATORY BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE MCENSEE examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. (MAD) certificate has been signed by the attending physician and completely filled in by the n the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 4107 WILKENS AVENUE BALTIMORE. event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath COWNAY Het DIFE disease or condition resulting in death) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e FUNERAL DIRECTOR: After this certificate has been signed by the attending physician within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 - Residence 6 - Other (Specify) 4 🗆 Nurs 6 27, MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 1 YES 2 NO BY 2 Accident 25a. PLACE OF INJURY - At home, farm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide item 29s. CERTIFIER (Check only t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE GA CARTIFIER 29c, LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE uas 1-3-94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

This Deviden Rudall

4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 1 2 F 9e. FACILITY 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE 10e. STATE IDC. CITY, TOWN OF COCATION permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 20023 742 121 for use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician, in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete ndary (0-12) engineer once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) arence notified at BE funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 2 Ste RIVO 90 20a. METHOD OF DISPOSITION
1 Duriel 2 Cremetion 3 D 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must oval from State Donation 5 - Other (Specify) examiner NATURE OF TUNERAL SERVICE LICENSEER onald Wade, Dir 22. NAME AND ADDRESS OF FACILITY 655W.BaltimoreSt, Balto, MD21201 ysician and completely filled in by the prior to burial, cremation, or removal. medical 23. ART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) ugedive traumatic CERTIFICATION Sequentially list conditions, Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events attending physician ntal Hygiene prior to other DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST 6 n signed by the attent f Health and Mental h Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL any arrythm shows has been s Dept. of H OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item this certificate h EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 1 Natural 5 Pending 1 YES 2 ND After t BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 69 COMPLETED FUNERAL DIRECTOR: within 72 hours after 28 4 Homicide

ield

CERTIFICATE OF DEATH

29c\_LICENSE NUMBER

pence

1 - FOR STATE REGISTRAR

Item

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BE 2

THE HOSPITAL O THE FUNERAL D filed within 72 ho

TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II

29a. CERTIFIER

31. DATE FILED (Month)

JAN

296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1994

1. DECEDENT'S NAME (First, Middle, Last)

arenc

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH YEAR 6. BIRTHPLACE (State or Foreig 29 Pennsi 9c. COUNTY OF DEATH / naton YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? nited Tel 14. RACE 16b. KIND OF BUSINESS/INDUSTRY all agerstown 20c. LOCATION City or Town, State State Anatomy Board Approximata Interval Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 | YES 2 | NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 29d. DATE SIGNED (Month, Day, Year)

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

YEAR

9c. COUNTY OF OEATH

HO

10g, CITIZEN OF WHAT COUNTRY?

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: Black

Tee.

2121

Approximate

Interval Bety Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

1 TES 2 NO

29d. OATE SIGNEO (Month, Day, Year)

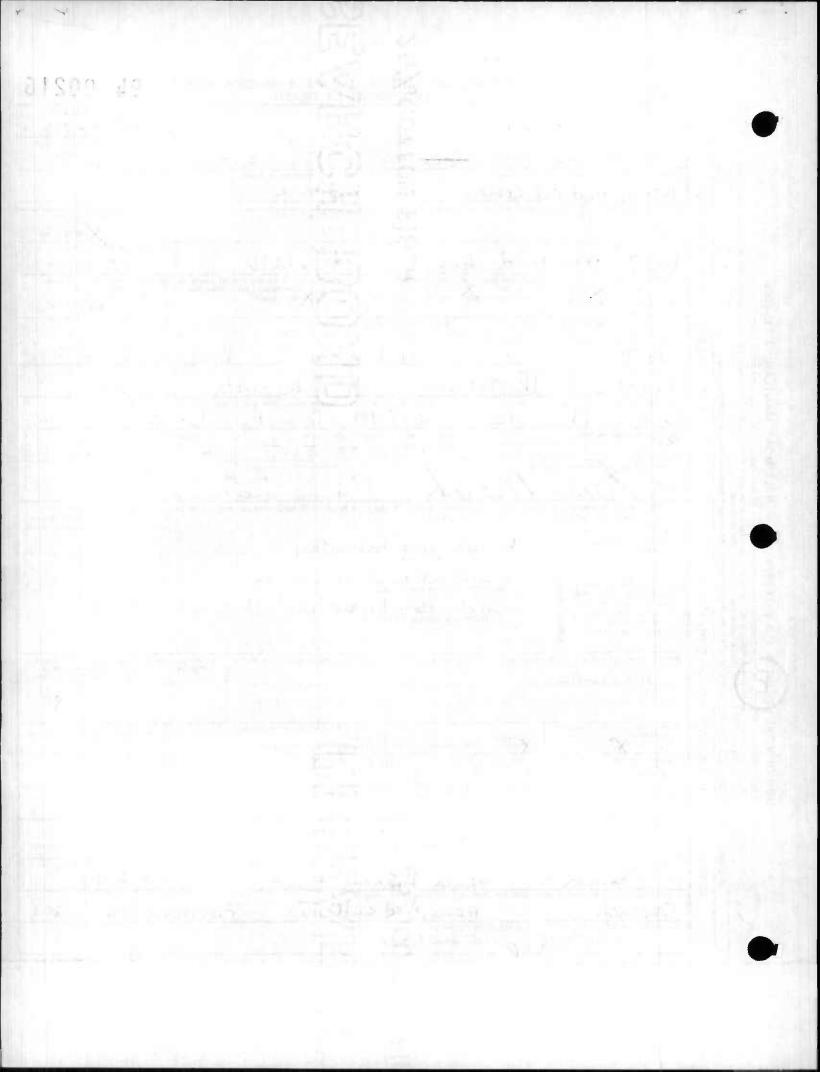
D1/2/94

YES 2 NO

FOR STATE REGISTRAR 1. DECEDENT'S NAME (Figur, Middle, Last)
Maurice Thornton 2. DATE OF DEATH 01 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 219-28-1435 1 5 M 2 D F DAY\$ 61 YRS 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF OEATH Baltimore medical Conters DIRECTOR Merces permit. Pages 10a. STATE CITY, TOWN OR LOCATION MI FUNERAL e. STREET AND NUMBER 101. ZIP COOE 637 2/2/6 HVe Moreland use as the burial-transit urs after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Widowed 4 Divorced BY COMPLETED 16e. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high nentary/Secondary (0-12) ò College (1-4 or 5+) page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, tus nornton notified at BE 15a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S) 2 1627 mma Ton Ore 9pe 20a, METHOD OF DISPOSITION
1 Burlei 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 2861 PLACE AND OATPOF DISPOSITION (Na 20c. LOCATION - City or Town, Stat must director, 1 orast medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral March 4 300 or removal. 23. PART I. Entar tha diseases, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, filled in by shock, or haart failure. List only one couse on each line. IMMEDIATE CAUSE (Final the physician and completely fille me prior to burial, cremation, disease or condition resulting in death) epatic encephalopathy event, P.O. BOX 68760, hepato cellular carcino ma traumatic CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury teath certificate be cirrhosis - hepatih's BtC. or other attending phy OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Mental item 23 shows any Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL Dheumonia 1 TES 2 NO certificate has better the State Dept DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) The HOSPITAL:
1 Ainpetiant 2 ER/Outpetiant 3 DOA OTHER: 1 TES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: ing Home 5 - Residence 6 - Other (Specify) the 0 27. MANNER OF GEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO this c 28 is marked, 1 Netural 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building. stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED DIRECTOR: / 4 Homicide TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If item 2 29a. CERTIFIER 16 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examin ition and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Re Medical Interno 2 ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Szellugh Mercy medical Center Boestimore MD 32. REGISTRAR'S SIGNATURE JAN 0 71994 This Series Randall

DHMH-16 Rev 1/89



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	requirement to death	nen joint by he after	supplied injury, or
	law requires that he death of	as seen lighted by the affect	23 sile injury, or
	The law requires that he death of	te has soon lighted by the attent	em 23 sale injury, o
	AN: The law requires and as death	ficate has ween women by the attent	Hem 23 sile injury, or
,	ICIAN: The law requirement is death	certificate has been loomed by the attent	or item 23 since injury, or
,	HYSICIAN: The law requires and the death	is certificate has been borned by the attent	ed, or item 23 site of injury, or
	3 PHYSICIAN: The law requires and at death	r this certificate has been bothed by the attended	arked, or item 23 sile
	ING PHYSICIAN: The law requirement is death	After this certificate has been been dry are after	marked, or item 23 small injury, or
	ENDING PHYSICIAN: The law requires and the death	R. After this certificate has been been by the attention	is marked, or item 23 and a injury, o
	ATTENDING PHYSICIAN: The law requirement has death	CTOR: After this certificate has been been by the attention	28 is marked, or item 23 and or injury, or
	OR ATTENDING PHYSICIAN: The law requirement in death	IRECTOR: After this certificate has been borned by the attent	em 28 is marked, or item 23 ammer injury, or
	L DR ATTENDING PHYSICIAN: The law requirement = death	L DIRECTOR: After this certificate has been been by the attended	item 28 is marked, or item 23 sm
	11AL DR ATTENDING PHYSICIAN: The Information and the death	RAL DIRECTOR: After this certificate has menn completely the attended	If item 28 is marked, or item 23 amount injury, or
	DSPITAL DR ATTENDING PHYSICIAN: The law menuting and the death	UNERAL DIRECTOR: After this certificate has been controlly the attention	INT: If item 28 is marked, or item 23 since of injury, or
	E HOSPITAL DR ATTENDING PHYSICIAN: The law requirement he death	FUNERAL DIRECTOR: After this certificate has been controlly the attention	Within 72 hours aret death with the State Organia and Art RTANT: If item 28 is marked, or item 23 since and injury, or
	THE HDSPITAL DR ATTENDING PHYSICIAN: The Invited Line and Telegraphy and Telegraphy	THE FUNERAL DIRECTOR: After this certificate has seen to the second to t	PORTANT: If item 28 is marked, or item 23 amount injury, or
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law mentions and the death	TO THE FUNERAL DIRECTOR: After this certificate has seen compared to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director to	De med wittin 72 hours after dearn with the State began marrie more print, the medical examiner must be notified at once.  IMPORTANT: If item 28 is marked, or item 23 statement injury or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

JAN 0 71994

	Item # 10e Film # G 70	7 1-10-94 1	(.A. per.	Funer	al Ho	me							
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	RTMEN	T OF H	EALTH DEAT	AND I		YGIENI EG. NO.		34	00217
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF I		,	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Mattie Re	J] Turn						1	3	1994	4	n/a M
		5. SEX	6. AGE (In yrs. les	si birthday), YRS.	MONTHS		IF UNDER HOURS	MIN.	7. DATE OF E	WRTH	8	Country)	S.C.
	242-24-5350  9a. FACILITY NAME (If not institution, give st		/ 6-	Tries.	9b, CIT	Y TOWN (	OR LOCATIO	ON OF DE		-21	9c. COUNT	V OF DEAT	
S.	Good Samaritan		tal		-		ltimo		EXIII			/A	п
رز	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY			T 01	70101								
DIRECTOR		I/A			ry, rown o		ION						LIMITS?
	10e. STREET AND NUMBER						. ZIP CODE	E			10g. CITIZE		YES 2 NO
FUNERAL	5526 Midwood Av	venue- 57	93 Clears	pring	Roa	ıd	217	212			U S		
FUN	11. MARITAL STATUS		T EVER IN U.S. AR		13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (S	pecify Yee	or No- 14		American Indian,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W					2 X NO			i, with			Black
	15. DECEDENT'S EDUC	CATION		ECEDENT'S					16b. KIN	D OF BUS	INESS/INDUS		71601
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	life	Bive kind of a b. Do NOT a	work done se retired.)	during mo:	st of working	ig .					
COMPLETED	4th	N/A		DOME	STIC	,				N/			
	17. FATHER'S NAME (First, Middle, Last) Black	ake					18. MOTH	Be.	ME (First Middle Str	e, Maiden S OWMA	Surname)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	3 ADDRES	S (Street e	nd Number	or Rural I	Route Number, C	ity or Town	, State, Zip Ci	ode)	
2	George Turner		8	53 B	radh	urst	Road	d B	altimo	re, l	Md 212	212	
	20e, METHOD OF DISPOSITION  1  Burlet 2  Cremetion 3  Reme 4  Donation	oval from State	20b. PLACE A cerpetery, cre	and DATE	of Dispos	T Da	me of		1794		ndalls		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	physic //	King	Mem		NAME AN	ND ADDRES	SS OF FA		Na	Iuai i	SLUWI	I, HU
	Noncul	L	ella	18	$\bot$	110		Nor	th Ave				
	23. PART i. Enter the diseases, of cahock, or heart failure.	complications that List only one cau	t caused the da	eth. Do e	not enter	the mo	de of dyi	ng, aucl	h as cardiac	or reapir	etory arres	it,	Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)		myo	YOCAROLIT INFARENTE					TOR		Onset and Death		
	readiting in death)	DUE TO						IN	- 1))		14 1 7	1	<del>                                     </del>
S	Sequentially list conditions,	b	CA	RD	IAT		DY	15/	MHY	UN	M/1	4	
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CONSEC (OR AS A CONSEC (OR AS A CONSEC	SUENCE O	引: 入 <b>て</b> 4	71.70	TRA	TIC	c. (		1 1	125	
FIG	CAUSE (Diseasa or injury that initiated events	DUE TO	OR AS A CONSEC	OUENCE O	<u>リン</u> モ 門:	<i>/U C</i>	51-0	4				~	
	resulting in death) LAST	d											
O	PART ii. Other significant condition	a contributing to	death but not r	reaulting	in the ur	ndariyin	cause (	aiven in	Part i. 24a	. WAS AN	MITOPSY	24b. WI	ERE AUTOPSY FINDINGS
MEDICAL		- h l	51785							PERFORI	MED?	AW CO	MILABLE PRIOR TO OMPLETION OF CAUSE
MED									_   '	160 2	_ NO		DEATH?
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	neck only one)	10			
HYS	1 YES 2 NO 27. MANNER OF CEATH	1   Inpatient 2			4 🗆 Nun	raing Home		sidence	8 Other (Sp				
	1 Netural 5 Pending	28e. OATE OF (Month, Di	ay, Year)	28b. TIM	JURY M		URY AT PRK? YES 2	¬ NO	28d. DESCRIE	BE HOW IN	JURY Occu	REO	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	OF INJURY — At ho	ome, farm,	street, fac			-	28f. LOCATIO		nd Number or	Rural Rout	e Number,
COMPLETED	4 Homicide determined	bullany,	atc. (Specify)						City or To	wn, State)			
PLE		ICIAN: To the best of	my knowledge, de	ath occur	red at the f	time, date	end place	, end due	to the ceuse(e	) end meni	ner as etated		
Ö	one) 2 MEDICAL EXAMINE	R: On the beele at at	xamination end/or i	Investigation	on, In my c	opinion, d	eath occur	ed at the	time, date end	place, end	due to the	cause(a) er	nd menner ee stated.
BEC	296. SIGNATURE AND TITLE OF CENTIFIER	1700	m	M	0		29c. LICE	ENSE NUM	MBER		29d. DATE S	NED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WITE		SE OF BEATU ATE	/ / /	0		1	100	016		<u> </u>	6	199

TITED CAUSE OF DEATH (ITEM 27) (Type, Print)

OHMH-18 Rev 1/89

	FOR	
1	STATE	
B	REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00218

	REGISTRAR		CERTIF	ICATE O	F DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I			3. TIME OF DEATH
	Darrin E.	Tay	lor			монтн О 1	DAY	YEAR	0520 M
	4. SOCIAL SECURITY NUMBER 5. SE		(In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF E	MRTH 0.6	1,994	HPLACE (State or Foreign
	214-96-7481 18	M 2 🗌 F	28 YRS.	MONTHS DAY	B HOURS MIN.	(Month, De		Coun	try)
	9e. FACILITY NAME (If not institution, give street and		20	9b. CITY, TOW	N OR LOCATION OF DI	05-24		COUNTY OF	RYLAND
Œ									DEATH
18	Johns Hopkins Hos	pital		Bal	imore	CI	ry	NONE	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
=	MARYLAND NO	NE		1	BALTIMOR	E CITY	V		LIMITS?
	10e. STREET AND NUMBER	1111			10f. ZIP CODE	L CII.		- OTTEN OF	WHAT COUNTRY?
FUNERAL	827 N. KENWOOD AV	ENUE			2120	5	1000		
N		AS DECEDENT EVER I							STATES
	XXNever Married 2 Merried	DRCES? 1 TYES	2 X NO	13. WAS I	ECENDENT OF HISPAI specify Cuban, Mexico	NIC ORIGIN? (S <sub>i</sub> m, Puerto Ricar	pecify Yee or A n, etc.)	io— 14. RAC Blac	E — American Indian, ck, White, etc.
BY	3 Widowed 4 Divorced	YES, GIVE WAR OR D	ATES	1 🗆 1	ES 2 NO Specif	y:		AFRIC	AN AMERICA
	15. DECEDENT'S EDUCATION		44 200000000		71				THE THEIR LEE
	(Specify only highest grade comple		16e. DECEDENT'S (Give kind of the De Alox	work done during	most of working	16b, KIN	D OF BUSINES	SS/INOUSTRY	
"		ege (1-4 or 5+)	life. Do NOT us		an.	DAI	n dan	DUCKT	NC CO
₩.	h	one	TRUCK	DRIV	SR	BA	JER T	RUCKI	NG CO.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		e, Maiden Surn	eme)	
BE (	BENJAMIN TAYLOR J	R.			JEAN	DAVIS			
10	19e. INFORMANT'S NAME (Type/Print)				et and Number or Rural				
F	BENJAMIN TAYLOR,	JR.	827	N. KEI	VA DOOW	E. BA	LTO,M	D. 21	205
	20e. METHOD OF DISPOSITION	201	. PLACE AND DATE	OF DISPOSITION	(Name of	DATE	20c. LOCATIO	ON — City or T	own. State
	Mariel 2 ☐ Cremetion 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify)	om State cen	netery, crematory or o	ther place)	/ 1 עמשתים	10/01			
	4 Donellon 5 Dother (Specify) BALTIMORE CEMETERY 1/12/94 BALTIMORE, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND AGORESS OF FACILITY								
	CALVIN B. SCRUGGS FUNERAL HOME								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate								
NC	Interval Between  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  NARCOTIC AND COCAINE INTOXICATION  DUE TO (OR AS A CONSEQUÊNCE OF):								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other eignificent conditions cont	ributing to deeth b	out not resulting	n the underly	ing ceuse given in	Part 1 24s	. WAS AN AUTO	nesv 24	b. WERE AUTOPSY FINDINGS
MEDICAL					mg couce given in		PERFORMED	17	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ä								NO	OF DEATH?
Z						_			1 TES 2 NO
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:			PLACE OF DEATH (Ch	eck only one)			
Sic		npatient 2X ER/Out	oatlent 3 DOA	OTHER: 4 Nursing H	ome 5 - Raeldenca	6 Other (Sp.	ecify)		
Ξ	27. MANNER OF OEATH	80. OATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT		BE HOW INJUR	Y OCCURED	
	1 Netural Tending	(Month, Day, Year)	1	80 . 7	WORK?  YES 2)(X) NO	UNKN	OWN		
ВУ	2 Accident Investigation 3 Suicide 6 19 Could get be	1-6-94 FO		AOMIA	2 1995			lumber or Rural	Doub Number
	4 Homicide determined	building, etc. (Spe-	cify)	niver, factory, o	ince	City or To	wn, State) 27	15 E.	PRESTON ST.
<u> </u>		FOUND	IN HOUSE			BALTII	MORE.	MARYLA	ND
COMPLETED	29e. CERTIFIER (Check only one) 2 M MEDICAL EXAMINER: On to								e) end manner ee stated.
ш	29th IN NATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	290	d. DATE SIGNE	D (Month, Day, Year)
8	Warre haille	120 Un	Λ						
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETEO CAUSE OF OR	ATH (ITEM 27) (Type	Print)	1 0.C.M	(_F		01 06	1994
	36								
	Margarita A. Kore 31. DATE FILED (Month, Day, Year) 3	2 DEGISTRAD'S SIGN	ATURE		reet. Ba	ltimo	re, N	Maryla	and 21201
		dis. E.	- Booker					_	
	JAN 0 7 1994	James menters	- Nother	•					

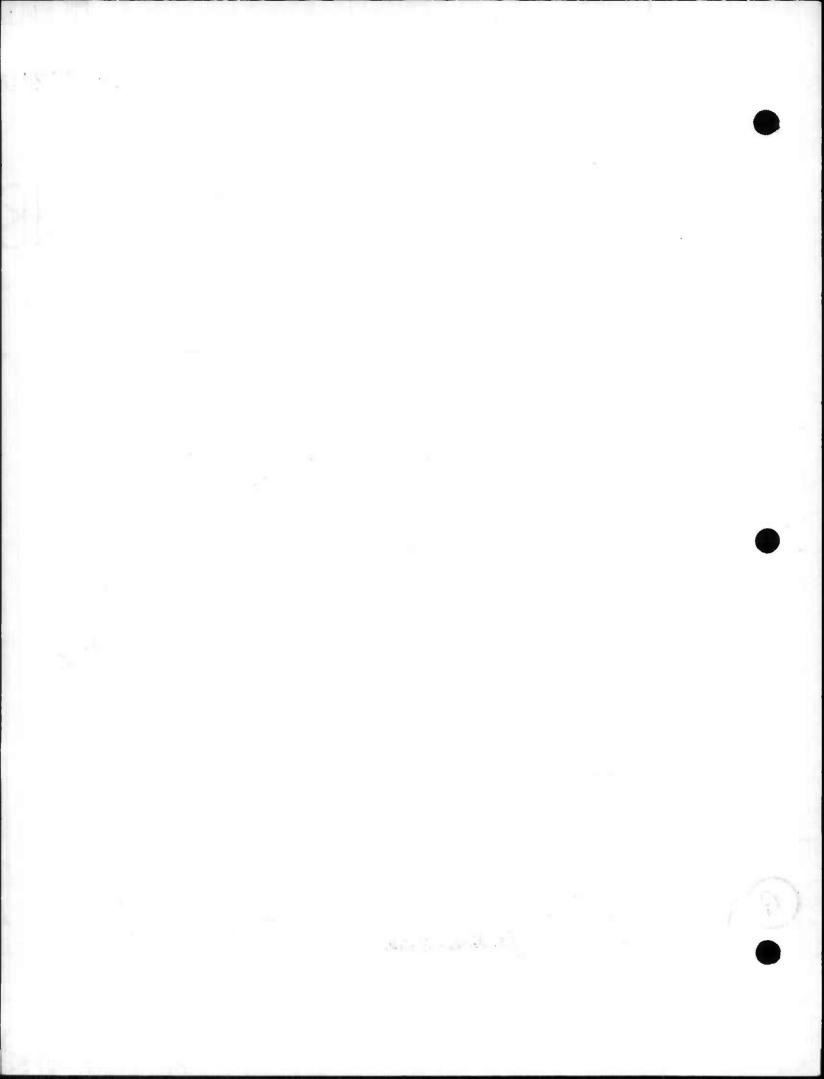
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an four stear death. Page 6 may be retained by the hospital or attending physician.

10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 burial with the STRIC Day, of Health and Membral Hydrice photo to burial, cremation, or removal.

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

10	1. DECEDENT'S NAME (First, Middle, Last)	7	OLITTI	IONIE	OI DEATH	2. DATE OF DEATH		3. TIME OF DEATH
- ''	HELEN WILLI	AMS É.				JANUARY		994 09:21 Mp
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	-	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTNPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	X ) YRS.	N. OTT W	DWN OR LOCATION OF D	10-5-	10	Me
Œ	JOHNS HOPKINS H					ITY	9c. COUNT	Y OF DEATH
CTO	RESIDENCE OF DECEDENT				- I I MURE,			
DIRECTOR	10a. STATE 10b. COUNTY		10c, CI	TY, TOWN OR I	LOCATION			10d. INSIDE CITY
	10e. STREET AND NUMBER			DAL	101, ZIP CODE		10g, CITIZE	1 YES 2 NO
ERAL	607 h. Rol	maid an	0212	05	2120	5	is.	T #
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS	S DECENDENT OF NISPA	NIC ORIGIN? (Specify Y	es or No- 14	i. RACE — American Indian, Black, Whita, etc.
ВУ	1 Never Merried 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO Specif			Specify: BLACK
TED	15. OECEOENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done duri	UPATION ing most of working	16b. KIND OF B		1
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cua	Todia	in	Bal	to Aci	had Dydem
COMPL	CO CANDIDADO ALANGO CO ANGELO A CONTRACTOR AND AND AND AND AND AND AND AND AND AND	01-1				AME (First, Middle, Maide	n Şurname)	
ш	John Wesle	y Chealer			Flores	11 /2	honsoy	
TO B	19a. INFORMANT'S NAME (Type/Print)	D	19b. MAILIN	G ADORESS (S	Street and Number or Rural	Route Number City or R	own, State, Zip C	ode)
-	1-LORENCE	Rice	5711	Mo.	mana K	1 Balta	. me :	21266
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Ram  4 Donation 5 Other (Specify)		PLACE AND DATE		ON (Name of	DATE 20c. 1	OCATION - CH	y or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Mariles	22. NA	ME AND ADDRESS OF FA	ICILITY O	non	-> mile
	Joseph &	· Lock . 8	2	Lo	eles Fi	ineral the	en//3	304n. Central
	23. PART I. Enter the diseases, or a ahock, or heert fellure.	complicatione that cause List only one cause on a	d the death. Do	not enter th	e mode of dying, suc	ch as cardiac or res	piratory arrea	t, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	VIV. 8	11					Onset and Death
	reaulting in death)	DUE TO (OR AS	ella D	NECT W.	onia			Sa.
z		, Klebs	-9	Arincer	v track ,	Modion		5d.
TIO	Sequentially list conditiona, if any, leading to immediate		CONSEQUENCE					
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	CONSEQUENCE					
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE	OF):				
		d						
EDICAL	PART II. Other eignificant condition		out not resulting	in the unde	erlying cause given in	Part I. 24a. WAS / PERF	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC	accedes Medi	1005				1 TYES	2 00	OF DEATH?
Σ.								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF OEATN (C	heck only one)		
SIC	1 Tes 2 No	HOSPITAL:	petient 3 🗆 DOA	OTHER:	g Home 5 🗆 Raaldence	8 Other (Specify)		
PH	27. MANNER OF OEATN  Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28	Bc. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	REO
BY	2 Accident Investigation	20 - 21 425 25 11 11 11			1 YES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spe	cify)	, street, factory	, offica	281. LOCATION (Stree City or Town, Star		Rural Route Number,
PLE		CIAN: To the best of my know	riedge, death occur	rred at the time	, date and place, and du	to the cause(a) and m	enner as stated	
COMPL	one) 2 MEDICAL EXAMINE	A: On the beals of examination	n and/or investigat	ion, in my opin	nion, death occured at the	lime, data and place,	and due to the	cause(a) and menner as stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIE	C. MD			29c, LICENSE NU	Haden 135	29d. DATE S	BIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH		ATN /ITEM OF CT	no Delecti	23-	101	1	4/94
	600 N. W		Bolt.	Md 3	18515			
	31. DATE FILED (Month, Day, Year)	32. AEGISTRAR'S SIGN					_	
	JAN 0 7 1994	Salia Dande	in france	~				

BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	A section of the sect
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	flow 29 is marked or flow 22 shours and infinite as other foresmells are at the modified assembled as the modified as

REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH MONTANUARY 1, 1594 3. TIME OF DEATH Laura M. Wilhelm Laura Wilhelm 8:11 A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DAYS HOURS Oct. 21, 1897 1 M 2 XF 216-03-3681 Pennsylvania 9a. FACILITY NAME (# not institution give street and number) Hospital 96. CIT'S TOWN OR LOCATION OF BEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 301 McMechen Street 21217 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black. White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) N/a N/A Kitchen Worker Lord Baltimore Hotel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard Wilhelm Alice Sterner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen E. Morris (Daughter) 7752 Wynbrook Road, Baltimore, Md. 21224 20a, METHOD OF DISPOSITION
1 Aburial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) Gardens of Faith Cemetery 1/5 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213 23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. interval Between Onset and Death 24 Hours IMMEDIATE CAUSE (Finei Gastro-Intestinal Bleeding disease or condition resulting in death) Is chemic Bowel CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.

HISTORY OF DISTAL ESOPHAGITIS WITH UICER 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Diverticulitis Distal Colitis 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — Al homs, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, ETED 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

29a. MEDICAL EXAMINED. On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL TO THE FUNERAL IS be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE LA. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITF') A (Type, Print)

Leonardo Ganlim M.D. C/O Haryland General Hospital 31. DATE FILED (Month, Day, Year)

JAN 0 71994 32 FEGISTRAB'S SIGNATURES

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last Albert Eugene					Jan.5,		3. TIME OF DI	
	4. SOCIAL SECURITY NUMBER 282-16-2264	5. SEX 6.	AGE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	OV. 22, 1	Ι.	BIRTHPLACE (State of Country) Ohio	
2	90. FACILITY NAME (If not institution, give North Arundel RESIDENCE OF DECEDENT			Glen I	R LOCATION OF DEA	тн		Y OF DEATH Arunde	
DIRECTOR	10e. STATE 10b. COUN	Arundel		y, town or locatenton	ION			10d. INSIDE C LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 1208 Howe Cour	:t	•		ZIP CODE			N OF WHAT COUNTRY	
ž R	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1. IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO OR DATES		cify Cuben, Mexican,	ORIGIN? (Specify Ye- Puerto Ricen, etc.)	e or No— 14	RACE — American to Black, White, etc. Specify: Whi	
COMPLEIED	15. DECEDENT'S EC (Specify only highest grad Elementary/Secondary (0-12) 1 2		(Give kind of ville). Do NOT us	usual occupation work done during most retired.)	st of working	Caroli		ologica	
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Ross	Wol	fe		18. MOTHER'S NAME	(First, Middle, Meiden MC	Sumame) Fadde	en	
2	19a. INFORMANT'S NAME (Type/Print) Sophia P. Wolf	e e	19b. MAILING 1 2 0 8	ADDRESS (Street et Howe (	nd Number or Rural Ro Court, C	ote Number, City or Tow Odenton,	vn, State, Zip Ci MD	21113	
	20e. METHOD OF DISPOSITION  **Description 2   Cremation 3   Re 4   Donation 5   Other (Specify)		20b. PLACE AND DATE Cometery, cremetory or o	ther place)		1		ty or Town, State	
	21. SIGNATURE OF PUNERAL SERVICE L	A An	whenter	Harde	esty Fur	neral Ho		P.A. 5,MD 214	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR	A A CONSEQUENCE OF		Vereo	_		Onset a	
MEDICAL	PART II. Other significant condition	ons contributing to de	ath but not resulting	in the underlying	cause given in Pr	PERFOR	RMED?	24b. WERE AUTOPS: AWAILABLE PRO COMPLETION O OF GEATH? 1 [] YES 2.[	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	DOA DOA	26. PL OTHER: 4 [] Nursing Home	ACE OF DEATH (Chic	only one)			
Ē	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	29s. DATE OF INJ (Month, Day)	JURY Z66, TIM	E OF 26c, INJU	PRY AT	ed. DESCRIBE HOW	INJURY OCCU	RED	
IEU BY	3 Suicide 6 Could not be determined	26s. PLACE OF IN	HJURY — At home, farm, ( (Specify)	straet, factory, office		Eff. LOCATION (Street City or Town, State)	and Number or	Flural Route Number	
COMPLE	9 Gould not be building, etc. /Space/y)								
O BE C	Puole A	Vexande	ms		D140	,53,1	P, /-	T-94	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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CERTIFICATION

MEDICAL

PHYSICIAN:

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

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PITAL ERAL in 72 h

Pages 1

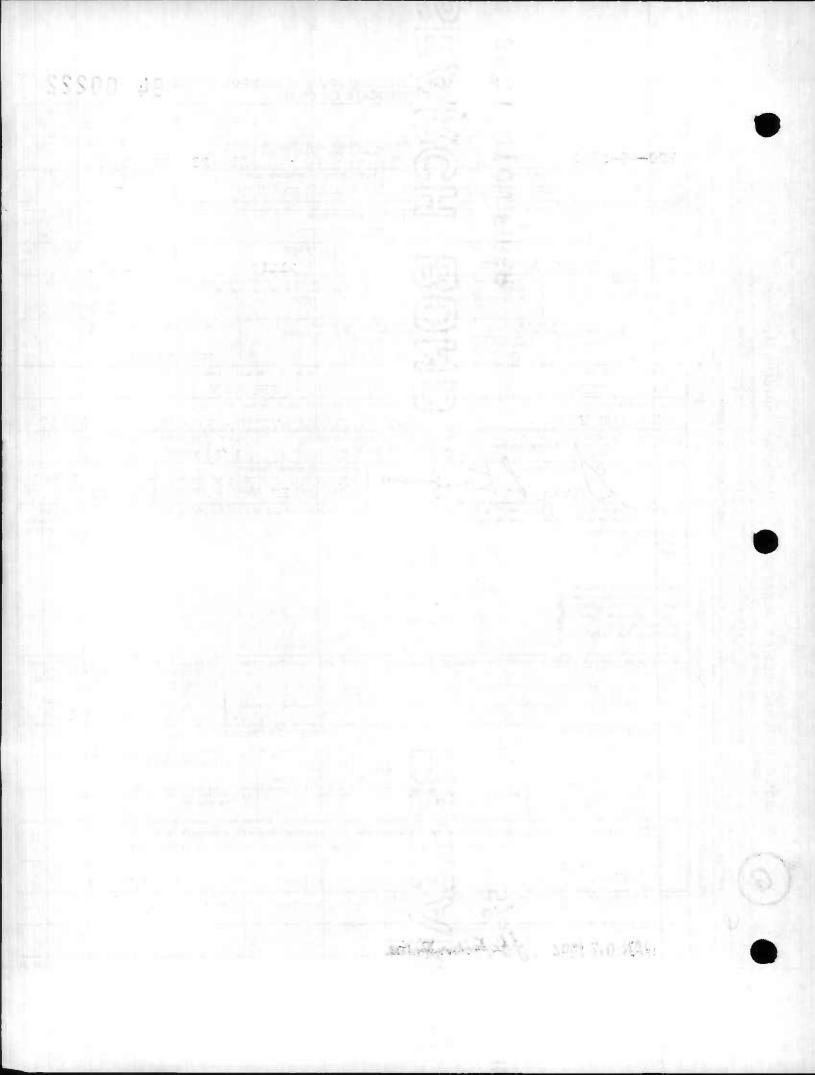
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. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within embours after death. Page 6 may be retained by the hospital or atten	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the second s
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 L FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH Hung Wan January 3, 1994AR Yip 1:00am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 120-48-5103 1 M 2 TF 86 23 CHINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE TYPES 2 NO 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1609 W. NORTH AVENUE 21217 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuba 1 YES 2 XNO 1 Never Married 2 Married Specify: 3 N Widowed 4 Divorced ORIENTAL 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 08 0 HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame JAE HUNG UNKNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SHEE LUN YIP 1609 W. NORTH AVENUE-BALTIMORE, MD. 21217 20a METHOD OF DISPOSITION
1 A Burial 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE GLEN HAVEN CEMETERY 4 Donation 5 Other (S 1/8 GLEN BURNIE, MD 21. SIGNATURE OF FUNE DERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY . FINK FUNERAL HOME 21061 HWY.S.W.GLEN BURNIE, MD. RAYMOND C. CRAIN 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heert failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) Pulmonary edema DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2X NO 1 YES 2 NO N/A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 © Inpatiant 2 = ER/Outpatient 3 = DOA OTHER: 1 TYES 2 NO 4 - Nurs ng Home 5 Rasidenca 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 K Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building. etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 🔲 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) hano 5 194 Hosp no 89204 Chang, M.D. completed cause of Death (ITEM 27) (Type, Print) c/o Mayrland General Hospital



in 24 hours after death. Page 6 may be retained by the hospital or attending physi-	ely filled in by the funeral director, page 5 should researched for use as the buria nation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
icate be executed with	physician and complet the prior to burial, cren	er traumatic event
es that the death certif	gned by the attending alth and Mental Hygier	s any injury, or oth
CIAN: The law requir	ertificate has been sight.	or Hem 23 show
S ATTENDING PHYSI	RECTOR: After this our safter death with	m 28 is marked,
TO THE HOSPITAL OR	TO THE FUNERAL DIF be filed within 72 hou	IMPORTANT: If Iter
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx hours after death. Page 6 may be many by the hospital or attending physic	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be many by the instantial or attending physician and completely filled in by the funeral director, page 5 many beautified for use as the buriabe filled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.

permit. Pages 1, 2, 3 should

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 15 Patricia Amend 7. DATE OF BIRTH (Month, Day, Year) 09/16/37 4 SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 😡 F 56 217-36-3590 Maryland 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Towson Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY HARFORD PARYLAND 1 YES 2 NO 10e STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? DIS MACPHAIL ROAD 21014 U. S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) intary/Secondary (0-12) 12 YRS erang Lourse 2 YRS. FAUSTON GENERAL HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) ROY LIPTRAP CATHERINE MAITH BE 19a. INFORMANT'S NAME (Type/Pript) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) FAMILY AS ABOVE 20a. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must cemetery, crematory or other place) PARK 125 MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAPEL-OSLRIR, EVAN FUNERALCHAPEL-OSLRIR, 3 DEWPORT DRIVE FORST HILL examiner Kolo MO. 21050 vana, 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory erreet, ahock, or heart failure. List only one cause on sech line. medical Onset and Death IMMEDIATE CAUSE (Final š disease or condition resulting in death) GLIOBLASTOMA Brain cancer -10 mos. event. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ing Home 5 - Residence 6 XOther (Specify) 4 - Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 14 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER

(Check only 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE dall D25643 94 taulknermi 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kendall R. Faulkner, M.D., 2300 Dulaney Valley Road, Towson, Maryland 21204 31. DATE FILEO (Month, Day, Year) THE DISTRACT SIONATURE

JAN 1 0 1994

DHMH-16 Rev 1/89

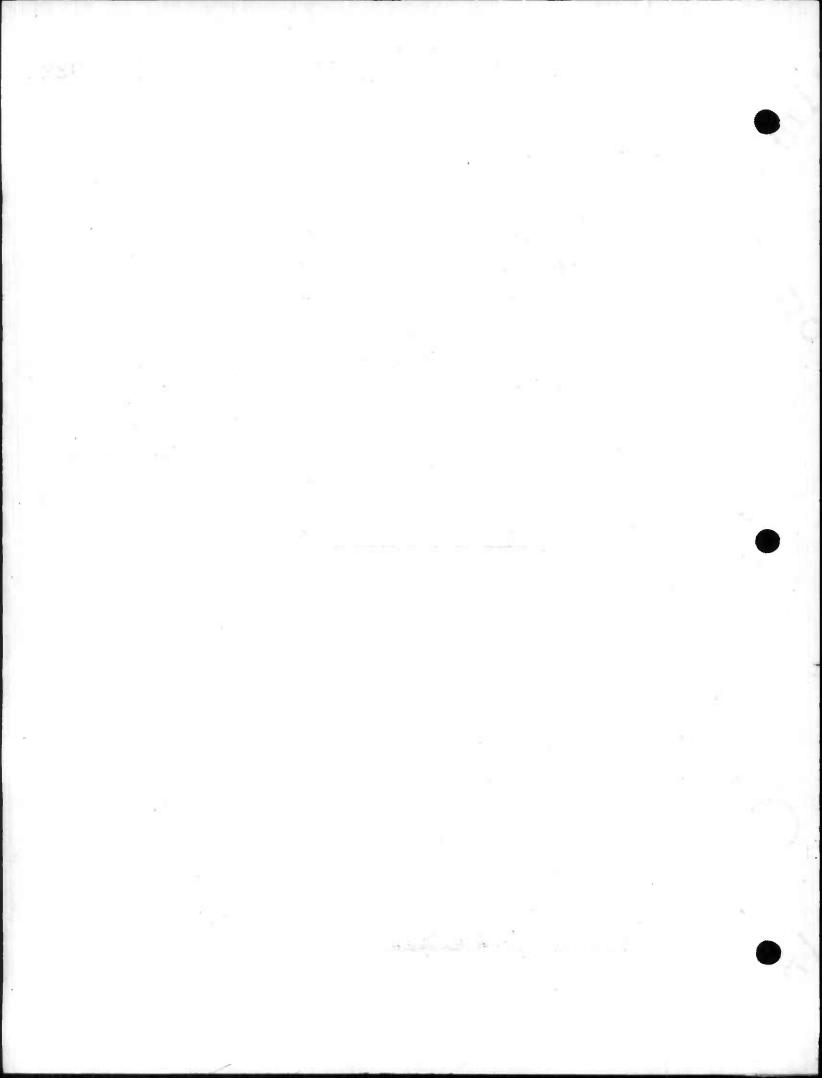
B.K.S

94 00224

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
LASION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOS MAL OR AT A DING PHYSICIAN: The law requires that the death certificate be ex	To THE FUNERAL SMITTER After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traum

ITEM: 23 PART I, PER MEO FILM G-709 3/4/94 t.t.
ITEMS: 23 PART I,27,28a,b,c,d,e,f PER MEO G-707 1/12/94 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLAND /		F HEALTH AND		L HYGIEN	E 9	4 0	0224
	1. DECEDENT'S NAME (First, Middle, Last)				MONT	_		EAR	OF DEATH
	DEXTER  4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs. lest	birthday) IF UNDER t YE	AR IF UNDER 24 HRS.	0].	OF BIRTH		4 6:3	State or Foreign
	197-54-2970 90. FACILITY NAME (If not inetitution, give stre	1 DM 2 OF 32	YRS. MONTHS DA		5 (Mont)	h, Day, Ypar)	01 7	COUNTY)	_
NC	2700BLK. LAKEWOOD	REAR ALL	iC I	TIMORE CIT			9c. COUNTY	OF DEATH	
5	RESIDENCE OF DECEDENT  190. STATE , 10b. COUNTY		10c. CITY, TOWN OR J.	201700					
DIRECTOR	MAryland		BAIL	more				LII	SIDE CITY MITS? ES 2 NO
FUNERAL	226N.Lyze	ene Ave		21224	1		10g. CITIZEN	OF WHAT CO	UNTBY?
5		12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 H		DECENDENT OF HISPA			or No 14.	RACE - Ame Black, White,	ricen Indien, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		YES 2 AND Specific		, , , , , ,		Bype	t.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	ompleted) (Gir	CEDENT'S USUAL OCCUI re kind of work done durin Do NOT use retired.)	PATION g most of working	166	KIND OF BUS	INESS/INDUS	TRY	~
MPI		- Ur	employe						
	17. FATHER'S NAME (Figst, Middle, Last)	Ven Je	1.0	TR. MOTHER'S OF	PAP	Moose, Maiden	Sumany 1	(0)	
TO BE	199 INFORMANT'S NAME (Type/Print)	/ 196	MAILING ADDRESS (St	eet and Number or Rural	Route Numi	ber, City or Tow	1. State, 23 Co	on C	,
۲	MRS. Helma 11	70.5e. Ry 10	0.50 N. m	Iton AU	e, k	PAIT	more	M	21213
	20e. METHOD OF DISPOSITION  1		ND DATE OF DISPOSITION Detory other place)	N (Namgol	947	20c. LO	CATION City	or Town, State	God.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22. NAM	E AND ADDRESS/OF FA	AUDITY _	FI	Nern	1 140	me
	Loseph	f. Puss	33	Solu N	n H	Aug	BAL	x 600	10011
	23. PART I. Enter the diseases, or op-	mplicatione that caused the des st only one cause on each line,	th. Do not enter the	mode of dying, suc	h as cere	tiec or respi	ratory arrest		pproximete
	IMMEDIATE CAUSE (Final disease or condition	NARCOTIC, ALCOHOL A	ND COCAINE I	NTOXICATION					tarvai Between nset and Death
	resulting in death) e.	NAPCOTIC AND ALCOH		<del>ION</del>					
z		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						j	
ATIO	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CONSEO	UENCE OF):						
FIC	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A CONSEO	UENCE OF):						
CERTIFICATION	resulting in death) LAST								
AL C	PART II. Other significant conditions	contributing to deeth but not re	eulting in the under	ying ceuse given in	Pert i.	24a. WAS AN	AUTOPSY	24b. WERE A	UTOPSY FINDINGS
S						PERFOR	MED?	AVAILAB COMPLE	LE PRIOR TO
MEC							J	OF DEAT	S 2 NO
Z									
<u>S</u>		HOSPITAL:	OTHER:	B. PLACE OF DEATH (C)				I.A	KEWOOD &
PHYSICIAN: MEDIC	27. MANNER OF DEATH	Description 2 ER/Outpatient 3	20h TIME OF A DOG	Home 5 Residence	_	CRIBE HOW I			KEWOOD ESTON ST
ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year) FOUND ON 1/1/94	found atm 1	WORK?	UNK	NOWN			
	3 Suicide 6 VV Could not be	28e. PLACE OF INJURY — At hombuilding, etc. (Specify)	ne, farm, street, factory,	office	28f. LOC. C/ty	ATION (Street e or Town, State)	nd Number or	Aurel Route Num	nber,
E .		FOUND ON STREET			BALTI	MORE M	d	J & TKLS	1014 31.
COMPLETED	(Check only	AN: To the best of my knowledge, dea On the bests of exemination end/or in						euse(e) end me	nner es stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER	c 1/ /o		29c. LICENSE NU				GNED (Month,	
TO BE	Mayore or	eynell						01/199	
ř	30. NAME AND ADDRESS OF PERSON WHO		111 Penn	Street, B	altin	nore, 1	Maryla	nd 21	201
İ	31. DATE FILED (Month, Day, Year)	32. DEGISTRAR'S SIGNATURE	1.00						



		sit permit. Pages 1, 2, 3 should		
	the hospital or attending physician.	detached for use as the burial-trans	once.	
)	IVSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	4, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	ificate be executed within 24 flours at	physician and completely filled in by the prior to burial, cremation, or rem	her traumatic event, the medic	
	: The law requires that the death cert	certificate has been signed by the attending physician and completely filled in by the in the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	tem 23 shows any injury, or of	
	DEPITAL DR ATTENDING PHYSICIAN	INFRAL DIRECTOR: After this certific thin 72 hours after death with the S	UNT: If Item 28 is marked, or	
,	3	w peg a	MPORT	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First									2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	KATHER  4. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  6. SOCIAL SEC		ANDERSON 5. SEX			_				3.	07	1954	) P M
		SEH	5. SEX 1 □ M 2.KDVF	6. AGE (In yo	s. lest birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	PLACE (State or Foreign ry)
- 1	705104814  9s. FACILITY NAME (# not in	1110.	Oh CITY	TOWN	OR LOCATE	ON OF D	06/19/08	T a	MINTY OF D	ARYLAND			
DIRECTOR	UNION MET		BA	ĽŤĨŇ	OR LOCATI	CII	Ÿ	96. COL	INTY OF D	EATN			
[ [ [	RESIDENCE OF DEC	10b. COU			10c, Cl	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY
#	МП	ватл	TMORE			SEDA							LIMITS?
	100. STREET AND NUMBER		LI KANG		1 110	MULL		of. ZIP COD	E		10g. CI1	IZEN OF V	WHAT COUNTRY?
E	6618 KENWOO	D AVE	NUE					21	237			USA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED					NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		14. BACI	E — American Indian, k. White, atc.
BY FUNERAL	1 Never Married 2 XX 3 Widowed 4 Divo	Married	IF YES, GIVE V	AR OR DATES	-YOK			S 2 DAO				Spec	
COMPLETED	15. DEC (Specify onl	EDENT'S E	DUCATION ade completed)	184	DECEDENT'S					16b. KIND OF BU	JSINESS/IN		2.2.1
9	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	rae retired.)	during in	OST OF WORK	''Y				
₽ B	12				HC	USEW	IFE			HOUSI			
	17. FATHER'S NAME (First, M									ME (First, Middle, Maider	,		
BE	VINCENT DON				405 MAH IN	0.400000	0.10			ES YARNELI			
2	PAUL M. AND		r							Route Number, City or Tox			227
	20a. METHOD OF DISPOSIT	ION		20b. PLA	CEANDDATE			DD AV	ENUE		CE: M		
	1 Buriel 2 Crematic			cametery	y, crematory or	other placa)				The second second			MARYI.AND
	21. SIGNATURE OF FUNERA	LSUFFICE	UDENSEE	-			NAME A	ND ADDRE		CILITY			
	100 E	(SX				010	1.7	711 C	HESA	ALE FUNERA	237		
	23. PART I. Siter the d	iseoses, D oert fellur	er complications the	t caused the	e deeth. Do	not enter	the me	ode of dy	Ing, suc	h as cerdiac or reep	oiratory er	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (FIR		-				,	-					Onset and Death
	disease or condition resulting in death)	$\rightarrow$	· (9196		asulu		idu	ú					
122			DUE TO	(OR AS A COI	NSEOUENCE C	OF):							C10
CERTIFICATION	Sequentielly list condit		b. DUE TO	(OR AS A COI	NSEQUENCE O	)F):							Sdays
CAT	if any, leeding to imme	ING											
Ĕ	CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A CO	NSEQUENCE O	F):							
EH	resulting in death) LAS	' (	d										
	PART II. Other significa	nt conditi	one contributing to	death but n	ot resulting	in the ur	nderlyin	g ceuee g	given in	Part I. 24a. WAS AF	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL	Dute	Nevo	I failer	u, D	riase te	nei	lin	3,		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	hegle	4000	I penu	e							2   NO		OF DEATH?
										_			
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF D	EATH (Ch	eck anly one)		_	
YSI	1 YES 2 NO		1 2 Inpetient 2	ER/Outpetier	n 3 □ DOA	4 🗆 Nur		ne 5 🗆 Re	saldence	6 Other (Specify)			
E	27. MANNER OF DEATN  1  Netural 5	Pending	28e. DATE OF (Month, D		26b. TIR	JURY		JURY AT DRK?		28d. DESCRIBE NOW	INJURY OC	CURED	
BY	2 Accident	Investigation		F 10: 11 Imag		М		YES 2	NO				
TED		Could not be determined	building,	etc. (Specify)	t home, farm,	street, fact	tory, offic	ce .		281. LOCATION (Street City or Town, State	and Numbe )	r or Rural F	Route Number,
COMPLET	29a. CERTIFIER (Check only 1 CERT	IFYING PHY	YSICIAN: To the best of	my knowledge	e, death occur	red at the t	lime, dete	and place	, and due	to the cause(a) end me	mner as sta	ted.	1
S S													) and manner as stated.
BE C	29b. SIGNATURE AND TITLE							29c. LICE	ENSE NUI	MBER .	29d. DAT	E SIGNED	(Month, Day, Year)
10 B	J056		120, M.E					DE	A 6	048	•	01/	07/94
	30. NAME AND ADDRESS OF	PERSON V	, 201 8	. Uric	irsih		Um	9,	BAC	rinore, t	10 2	12/8	
	JAN 1 0		FULL DE	R'S SIGNATUE	E								
- 1	JANIU	994	1	Anna and la	- Property								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

00226 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF HEAL		MENTAL HYGIE!		00226		
	WENDY JOYCE AR				2. DATE OF DEATH MONTH JANUARY				
4. SOCIAL SECURITY NUMBER 220-72-3116	1 - M 2 X	36 YRS. MOI	ITHS DAYS HOU		7. DATE OF BIRTH (Month, Day, Year) OCTOBER 1	C	MARYLAND		
9a. FACILITY NAME (If not institution, 795 SOUTH OF RESIDENCE OF DECEDEN	ROUTE 140	9b.	CITY, TOWN OR LO	CATION OF DEA		9c. COUNTY OF DEATH BALTIMORE			
10a, STATE 10b. CO			OWN OR LOCATION WESTM	INSTER		- 126	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
367 N. COLONI	WITE THE THE		10f. ZIP (	2115	57	10g. CITIZEN	OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR			uban, Mexican	C ORIGIN? (Specify Ya , Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: WHITE		
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of w	orking	16b. KIND OF BU	SINESS/INDUSTI	¥Y		
12 17. FATNER'S NAME (First, Middle, Les	0	HOU	SEWIFE 16. I	NOTNER'S NAM	AE (First, Middle, Maide	T HOME			
CHARLES  19a. INFORMANT'S NAME (Type/Print)		CLAYVILLE			RJORIE		WOLFE		
CHARLES CLAYV	LLE		COLONIAL		oute Number, City or Too WESTMINST		21157		
shock, or heart fel immediate shock, or heart fel immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate	a. M. OF St. DUE TO (OR AS	each line.	/	, add	as cardio or resp	matory entreet,	Approximate Interval Between Onset and Deat		
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	dd.								
PART II. Other algorificent cond	iltiona contributing to death	but not reaulting in the	ne underlying cou	se given in F	Part I. 24a. WAS AI PERFO	N AUTOPSY/ RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIC EXAMMER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou		HER:	OF DEATN (Che					
27. MANNER OF DEATN  1 Network 5 Pending 2 Accident Investige	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WORK?		28d. DESCRIBE HOW		0		
3 Suicide 6 Could no	28e. PLACE OF INJUF	At home, farm, stree ocify)  PND 140	9h G		26f. LOCATION (Street		iral Route Number,		
	PNYSICIAN: To the beat of my kno						use(a) and manner ea stated.		
296. SIGNATURE AND TITLE OF CER	Depth hates	DEREMINET	29c.	DOIS	200	29d. DATE SIG	NED (Month, Day, Year)		
Ston 2. F.  31. DATE FILED (Modelly, Day, Mag 4)  JAN 10 1994	N WHO COMPLETED CAUSE OF D	11 E Chas	1 20 July	ล			1/		
JAN 10 1994	0	1							



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTA	L HYGIEN		00221	
1. DECEDENT'S NAME (First, Middle, Last)	Anstin	2			2. DATE MONT	OF DEATH		3. TIME OF DEAT	T AM
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Day, Year)	16	BIRTHPLACE (State or Fo	preign
217-48-9618		75 YRS.			Feb.			England	
90. FACILITY NAME (If not institution, give a Northwest Hospital RESIDENCE OF DECEDENT				1stown	EATH			of DEATH timore	+
10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY	,
Maryland	Baltimore		Pikes	ville				LIMITS?	NO
10e. STREET AND NUMBER			10	ZIP CODE				N OF WHAT COUNTRY?	47.
2 Brightside A	Venue	MILLO ADMED		21208				U.S.A.	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 X NO Speci	an, Puerlo		5 OF NO.— 14	RACE — American India Black, White, etc. Specify: White	nn,
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION And Author Management		16b	. KIND OF BU	SINESS/INOUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Cafeteri	retired.)		Po	1+0 (	o Soi	hool System	m
12 Years  17. FATHER'S NAME (First, Middle, Last)		Careteri	.a	40 1407145010 11				noor system	11
John	Harris	son		18. MOTHER'S N.	Isabe		Hende	rson	
19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a	and Number or Rural	Route Numi	ber, City or Tow			
Mr. Earl Anstine		- 40		Avenue		esvil			
20e. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremetion 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)		b.PLACEAND DATE OF metery, cremetory or oth ID Veteran			1/8			y or Town, State Forest MI	0
21. SIGNATURE OF FUNERAL GERVICE LI		K	22. NAME A	Byers	ACILITY				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c_ C	A CONSEQUENCE OF)  A CONSEQUENCE OF)	:		Cure	les f	21.1. 0	my,	) w
PART II. Other aignificent condition	d	but not resulting in	the underlyin	g ceuse given ir	Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIRM AWAILABLE PRIOR COMPLETION OF COF DEATH?  1 YES 2 P	TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF OEATH (C	heck only or	ne)			
1 YES 2 DO	1 Inpatient 2 ER/Ou	Ipetient 3 DOA	4 - Nursing Hom	e 5 Residence		SCRIBE HOW I	N.IIIRY OCCU	RED	
1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	YES 2 NO	200. DE	COURT HOW I	HOURT OCCU		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide dejermined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, str	reet, factory, offic	•	281. LOC City	ATION (Street or Town, State)	end Number or	Rural Route Number,	
age!	ICIAN: To the best of my kno-								stated.
296. SIGNATURE AND TITLE OF CERTIFIE	10it			29c. LICENSE NU	MBER J9	74	29d. DATE S	IGNED (Month, Day, Year)	No.
30. NAME AND A OORESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, I	Print)						

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Acurs after death. Page 6 may be retained by the hospital or attending physician.

LIFE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

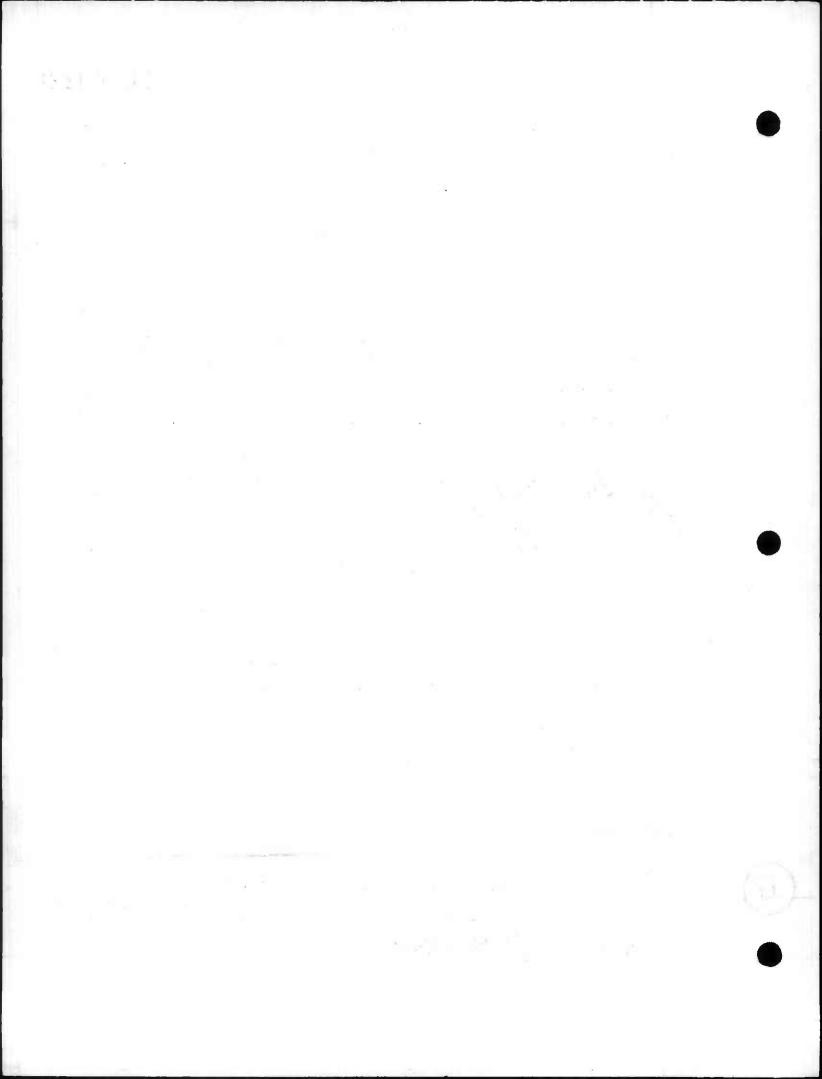
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFI	CALE	OF DEATH	REG. NO			
,	1. DECEDENT'S NAME (First, Middle, Last) KATH	ERINE WORT	HING	STON A	NDREW		2. DATE OF DEATH MONTH January	<b>گ</b> ر 1	992ª	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER			last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	// 1		IPLACE (State or Form
	214-03-6660	1 🗆 M 2 🔀 F	78 YRS. MONTHS DAYS HOURS MIN.			July 16, 1915 Maryland			ny)	
ľ	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TO	WN OR LOCATION OF D		9c. COU	NTY OF C	EATH
DIRECTOR	Dulaney - Towson	Nursing Ho	me			Towson		Ba	ltim	ore
ŭ l	10a. STATE 10b. COUNT	Υ		19c. CITY	TOWN OR L	DCATION				10d. INSIDE CITY
	Maryland				Balt	imore				1 X YES 2 1
FUNERAL	3915 Beech Ave.					101. ZIP CODE 21211		10g. CITIZEN OF WHAT CO		
BY FUI	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DJ			2 XNO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					14. RACI Blac Spec	E — American India k, White, atc. White
E	15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S U	ork done durin	PATION g most of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5 +)		Homem			Own	Home	9	
ō	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden			
w l	Rollo F. Anders	on				Berni	ce Sharret	ts		
OB	19a. INFDRMANT'S NAME (Type/Print)			19b. MAILING	ODRESS (St	eet and Number or Rural	Route Number, City or Tow	n, State, Zi	p Code)	
5	James B. Andrew			P.O.	Box 5	51, Brookl	andville,	MD :	2102	2
	20s. METHOD OF DISPOSITION  1			ceandDateOfDisPDsiTiOn(Name of crematory DATE: 20c. LOCATION — City or Town, State Pen Mount Crematory Baltimore, MD						
	21. SIGNATURE OF PONERAL SERVICE LI				22. NAM	E AND ADDRESS OF FA	7.4			
_	1 Same	Mul					Rd., Balti			-
RTIFICATION	Sequantielly list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events partition in death) LACT.									
CERT	resulting in death) LAST									
: MEDICAL	PART II. Other significant condition	ns contributing to deat						RMED?	24b	WERE AUTOPSY FIN MARLABLE PRIOR TO COMPLETION OF CA OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (Check only one)					
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient		OTHER:	Home 5 Residence		necify)		
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE DF INJUI (Month, Day, Yes		28b. TIME INJU	OF 28c	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide S Could not be determined determined						YES 2 NO  28f. LOCATIDN (Street and Number or Rural Route Number, City or Town, State)			
MPLET	29a. CERTIFIER (Check only 1 A CERTIFYING PHYS	ICIAN: To the best of my ki								a) and menner as sta
00	296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI				(Mong, Day, Year)
@	le la last	1000		,000	10	A-NO	200	<b>&gt;</b>	1/0	19,1
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE DE	DEATH (	ITEM 27) (Type, I	Print)	5-013	1 , 1 6	3N/	toh	12/2/
	LINON/AS FC	DONN	10/	11111	4	08/276	es Dous	P	111	Homlet
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S S	IGNATUR	South Be	/					



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FOR STATE REGISTRAR 94 00229 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH January 9 1994 YEAR .s John Burtis 3:40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 154 M 2 | F YRS 5102 10 990 nov.10 191 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 16c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Forestville permit. FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3409 Baywood Drive Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit 21050 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. **MARYLAND 21215-0020** 1 Nover Merried 2 Merried YES 250 NO Specify. Specify: BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION ecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe ᆸ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) JOHO notified at ZAMOHET BURTI BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DRIVE HOMAS FORSST HILL 06 3 20e. METHOD OF DISPOSITION
1 □ Buriel 2 ★ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stat must 1-10 REMAIORY 4 Donation 6 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVAN FUNERALCHAPIL-BILAIR, 3 NIW PORT DRIVE FOREST HILL the funeral after death. rouf - DRIVE MO. 21050 filled in by the fillen, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final 1 cremation, disease or condition completely Septic shock resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): burial, Aspiration pnemonia CERTIFICATION and Sequentially list conditions, 2 If any, leading to immediate cause. Enter UNDERLYING physician prior Terminal cancer with metastasis CAUSE (Disease or Injury the attending physical distribution of Mental Hygiene I other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 23 shows any injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by ti AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 YES 2 NO has been Dept. of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 2 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 4 Nurs the 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending investigation 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 2 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: / COMPLETED 6 Could not be 28 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 띪 HO 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) David Ho, M.D. c/o Maryland General Hospital 22. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) which theriday

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	1. DECFOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEAT
		Al	len Char	les Bu	TLER	JAN 09	1994	06:12
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Fo
	218-18-0619	1 🔀 M 2 🗆 F	74 YRS.			June 1, 19	919 M	ARYLANI
OF	9s. FACILITY NAME (If not institution, give				OR LOCATION OF DE	HTA	9c. COUNTY OF	DEATH
DIRECTOR	UNIVERSITY HO	DSPITAL		150	timore			
3EC	10a. STATE 10b COUNT		10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
8	Md Dal	timore	Y.	+RIKVIL	LE			LIMITS?
AL	10e. STREET AND NUMBER	21		1	Of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	9210 ORBITAN	v td.			2123.	4	U51	A
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EX	YER IN U.S. ARMED YES 2 NO		CENDENT OF HISPAN pecify Cuben, Mexico	IC ORIGIN? (Specify Year		CE — American Indi ck, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	S 2 NO Specify		Spe	office La
0	15, DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUSI	NESS/INDUSTRY	TITI
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	work done during n se retired.)	nost of working			
COMPL	10		PAINT	ER		Contrac	ctor	
8	17. FATHER'S NAME (First, Middle, Last)			====1h		ME (First, Middle, Meiden S		
BE (	LEONARD BU	TLER			Lorr		een	
2	ANNA BUTLE	0			1 0.	Poute Number, City or Town,	State, Zip Code)	1. 21234
		~	92		bitan	-		
	20s. METHOD OF DISPOSITION  1.26 Burial 2 Cremation 3 Rem	noval from State	cemetery, crematory or or	thar place)		1/2/ 0	ATION — City or 1	Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSES	PARKWOOM		ANO ADDRESS OF FAC	CILITY	KVILLE	14/0.
	1),,,,	160						HARFORD
	Tebut U	> Jes	to fr		is Chapel			BALTO N
	23. PART i. Enter the diseases, or ahock, or heart failure.	List only one cause	used the deeth. Do ron each line.	not enter the m	oda of dying, auci	h aa cardiec or reapin	story arrest,	Approxim interval E
	IMMEDIATE CAUSE (Final disease or condition	5	EPSIS					Onset an
	resulting in death)	0	AS A CONSEQUENCE OF	E OFI:				
,				LAR COLLAPSE				
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF	F):				
		PISIN	ONARY	1-1111	NE			1 2
3	cause. Enter UNDERLYING				26			401
TIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	F)		v = c-		401
ERTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR		F)		VRE		401 110x
CERTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d. DUE TO (OR MCO)	AS A CONSEQUENCE OF ASTOMICTUS	/ Ren	AL FAIL	Part I. 24a, WAS AN A		b. WERE AUTOPSY F
CERTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition CARARY	d. DUE TO (OR MCO)	AS A CONSEQUENCE OF	/ Ren	AL FAIL	Part I. 24a, WAS AN A PERFORM	ED?	Ib. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF
EDICAL CERTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CARARLY	d. DUE TO (OR MCO)	AS A CONSEQUENCE OF ASTOCIOTY S  ath but not resulting to EASE	/ Ren	AL FAIL	Part I. 24a, WAS AN A	ED?	Ib. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CARARLY	d. Due to (OR MCO)/	AS A CONSEQUENCE OF ASTOCIOTY S  ath but not resulting to EASE	/ Ren	AL FAIL	Part I. 24a, WAS AN A PERFORM	ED?	Ib. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CARARLY	DUE TO (OR MCO)	AS A CONSEQUENCE OF ASTOCIOTY S  ath but not resulting to EASE	F): / Rev	IN FAIL	Part I. 24e, WAS AN A PERFORM	ED?	Ib. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CARARY  ROWAL INS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MNO	DUE TO (OR MCO)/A  Ins contributing to dee  TO FORM OF THE CONTRIBUTION C. Y  HOSPITAL:	AS A CONSEQUENCE OF ASTOCIOTY S  ath but not resulting to EASE	In the underlyi	AL FAIL	Part I. 24a, WAS AN A PERFORM 1 VES 2 (	ED?	b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?
EDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CARARY  ROWAL INS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR MCO)/A  Ins contributing to dee  TO FORM OF THE CONTRIBUTION C. Y  HOSPITAL:	AS A CONSEQUENCE OF A STO A 177 S  with but not resulting to CASE  AS CASE  AS CASE  AS CASE  AS CASE  AS CONSEQUENCE OF A STORY  AS A CONSEQUENCE OF A STORY  AS	In the underlyi	PLACE OF DEATH (Che	Part I. 24a, WAS AN A PERFORM 1 VES 2 (	NO	b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CALONARY  PART II. Other aignificant condition  CALONARY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending investigation	DUE TO (OR MCO)  d. MCO)  ns contributing to dee  NOTORY  HOSPITAL: 1 Vinpetlant 2 = ER  28a. DATE OF INJ  (Month, Doy, Y	AS A CONSEQUENCE OF A ST A T T T T T T T T T T T T T T T T	In the underlyi	PLACE OF DEATH (Che	Part I. 24a, WAS AN A PERFORM 1 YES 2    sck only one) 6 Other (Specify) 28d, OESCRIBE HOW IN	JURY OCCUREO	Ib. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 X
ED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CAUSE (CAUSE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 MNO  27. MANNER OF DEATH  1 Netural 5  Pending	DUE TO (OR MCVIII)  In a contributing to dee  TO HOSPITAL:  1 (Inpetient 2 = ER  28a. DATE OF INJ  28a. PLACE OF INJ	AS A CONSEQUENCE OF A STO A TO TO TO TO TO TO TO TO TO TO TO TO TO	In the underlyi	PLACE OF DEATH (Che	Part I. 24a, WAS AN A PERFORM 1 YES 2 (  seck only one) 6 Other (Specify)	JURY OCCUREO	Ib. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 X
ED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  CONDINARY  ACOUNT INS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR MCO)  In scontributing to dee  TO FOR THE CONTRIBUTION C Y  HOSPITAL:  1 X Inpetiant 2 DEN  28e. DACE OF INJ  Building, stc.	AS A CONSEQUENCE OF A STO A TOTAL STATE OF A STORY AND A STORY AND A STORY AND A STATE OF A STATE O	in the underlyi	PLACE OF DEATH (Cheme 5   Residence	Part I. 24a, WAS AN A PERFORM  1 YES 2 (  ock only one)  6 Other (Specify)  28d, OESCRIBE HOW IN.  28t. LOCATION (Street or City or Town, State)	JURY OCCUREO	Ib. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CONDINARY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	DUE TO (OR MCOIN  TO THE CONTROL OF INTERPRETATION C.)  HOSPITAL: 1 X Inperient 2 = R  28e. DAGE OF IN building, stc.  SICIAN: To the bast of my	AS A CONSEQUENCE OF A STOCK AS A CONSEQUENCE OF A STOCK AS E A STOCK AS E A STOCK AS A S	In the underlyi	PLACE OF DEATH (Cheme 5   Residence IJURY AT ORK?	Part I. 24a, WAS AN A PERFORM  1 YES 2 (  ock only one)  6 Other (Specify)  28d. OESCRIBE HOW IN  City or Town, State)  to the cause(s) and ment	JURY OCCUREO  of Number or Rural  oer as stated.	Ib. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2
D BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CALDWARY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR MCOIN  TO CONTRIBUTING TO dea  TO CONTRIBUTING TO DEA  TO CONTRIBUTING TO THE SECOND TO T	AS A CONSEQUENCE OF A STOCK AS A CONSEQUENCE OF A STOCK AS E A STOCK AS E A STOCK AS A S	In the underlyi	PLACE OF DEATH (Cheme 5   Residence	Part I. 24a, WAS AN A PERFORM  1 YES 2    sck only one)  6 Other (Specify)  28d. OESCRIBE HOW IN  28t. LOCATION (Street ar- City or Town, State)  to the cause(s) and menr time, date and place, and	JURY OCCUREO  Id Number or Rural  Interest stated,  due to the cause	Ib. WERE AUTOPSY I MARILABLE PRIOR COMPLETION OF OF DEATH? 1 VES 2 M
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CONDINARY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	DUE TO (OR MCOIN  TO CONTRIBUTING TO dea  TO CONTRIBUTING TO DEA  TO CONTRIBUTING TO THE SECOND TO T	AS A CONSEQUENCE OF A STOCK AS A CONSEQUENCE OF A STOCK AS E A STOCK AS E A STOCK AS A S	In the underlyi	PLACE OF DEATH (Cheme 5   Residence IJURY AT ORK?	Part I. 24a, WAS AN A PERFORM  1 YES 2    sck only one)  6 Other (Specify)  28d. OESCRIBE HOW IN  28t. LOCATION (Street ar- City or Town, State)  to the cause(s) and menr time, date and place, and	JURY OCCUREO  Id Number or Rural  Interest stated,  due to the cause	Ib. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 X  Poute Number, (e) and menner se a
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CARAMAY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR MCO)  In scontributing to dea  PATORY  HOSPITAL: 1 Vingetlant 2 = ER  28e. DATE OF INJ Month, Day, Y  28e. PLACE OF IN building, stc.	AS A CONSEQUENCE OF A STORY OF A	in the underlying the	PLACE OF DEATH (Cheme 5   Residence	Part I. 24a, WAS AN A PERFORM  1 YES 2    sck only one)  6 Other (Specify)  28d. OESCRIBE HOW IN  28t. LOCATION (Street ar- City or Town, State)  to the cause(s) and menr time, date and place, and	JURY OCCUREO  Id Number or Rural  Interest stated,  due to the cause	Ib. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 X  Poute Number, (e) and menner se a
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CANARY  ROWN INS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Certifier  Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WITHING TO THE PROPERTY OF THE PROPERTY	DUE TO (OR MCO)  In scontributing to dea  ACTORY  HOSPITAL: 1 Vingetlant 2 = ER  28e. DATE OF INJ Morth, Dey, Y  28e. PLACE OF IN building, stc.	AS A CONSEQUENCE OF A ST A CONSEQUENCE OF A ST A CONSEQUENCE OF A ST A CONSEQUENCE OF A ST A CONSEQUENCE OF A ST A CONSEQUENCE OF A CONSEQUENC	in the underlying the	PLACE OF DEATH (Cheme 5   Residence IJURY AT YES 2   NO lice la end place, and due death occured at the IZ9C. LICENSE NUR IM Y/7-64	Part I. 24a. WAS AN A PERFORM  1 YES 2    sck only one)  6 Other (Specify)  28d. OESCRIBE HOW IN  28t. LOCATION (Street er City or Town, State)  to the cause(e) and menr time, date and place, and MBER  35AS2/3	JURY OCCUREO  Id Number or Rural  Interest stated,  due to the cause	Ib. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 X  Poute Number, (e) and menner se a
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CANARY  ROWN INS  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Certifying Phys (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	DUE TO (OR MCO)  In scontributing to dea  ACTORY  HOSPITAL: 1 Vingetlant 2 = ER  28e. DATE OF INJ Morth, Dey, Y  28e. PLACE OF IN building, stc.	AS A CONSEQUENCE OF A STOCK AS A CONSEQUENCE OF A STOCK AS END A STOCK AS END A STOCK AS	in the underlying the	PLACE OF DEATH (Cheme 5   Residence IJURY AT YES 2   NO lice la end place, and due death occured at the IZ9C. LICENSE NUR IM Y/7-64	Part I. 24a. WAS AN A PERFORM  1 YES 2    sck only one)  6 Other (Specify)  28d. OESCRIBE HOW IN  28t. LOCATION (Street er City or Town, State)  to the cause(e) and menr time, date and place, and MBER  35AS2/3	JURY OCCUREO  Id Number or Rural  Interest stated,  due to the cause	1  YES 2 X

DHMH-16 Rev 1/89

DIVISION OF WITAL RECORDS, P.O. BOX 68760,

Distraction of	OH ALLENDING	L DIRECTOR: After in Second Cate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the hurial-transit narmit Panes 1.2 servuid	2 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal.	I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Distraction of	U THE HUSPITAL OR ALLENDING PHYSICA	O THE FUNERAL DIRECTOR: After this cont	be filed within 72 hours after death with the	MPORTANT: It item 28 is marked, o

	ITEM: 1. PER F.H. FILM G-707 1/10/94 t.	t			C	4 00231				
	1 - FOR STATE OF MARYLAI REGISTRAR		MENT OF HEALTH AN	D MENTAL HYGIE		7 00201				
3	1. DECEDENT'S NAME (First, Middle, Lost) WILLIE EDWARD		DATE OF BEATT	2. DATE OF DEATH	DAY Y	2. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER  244- 48 - 2933  1 □ (M 2 □ F 60)		IF UNDER 1 YEAR IF UNDER 24 HI NONTHS DAYS HOURS MY	Adamsh Day Man	6.	BIRTHPLACE (State or Foreign Country) N. CAROLINA				
OR	9a. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSPITAL	9	96. CITY, TOWN OR LOCATION O BALTIMORE	F DEATH	9c. COUNTY	OF OEATH				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND N/a	10c. CITY,	TOWN OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO				
FUNERAL	100. STREET AND NUMBER 1023 N. CENTRAL AVENUE		10f. ZIP CODE 21202		10g. CITIZEN OF WI					
ВУ	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 YNO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.)  1 YES 2 XXIVO Specify:  1. HACE — Ar Black, White Specify:							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	6a. OECEDENT'S US (Give kind of wor life. Do NOT use of N/a	SUAL OCCUPATION rk done during most of working retired.)		INESS/INDUSTRY  KELTY REALTY CO.					
BE CO	17. FATHER'S NAME (First, Middle, Last)  JOHNNY BROWN  16. MOTHER'S NAME (First, Middle, Malden Surname)  ADELL BROWN									
TO B	198. INFORMANT'S NAME (Type/Print) ADELIA G. BROWN  199. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 1023 N. CENTRAL AVENUE, BALTIMORE, MARYLAND 212									
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	LACE AND DATE OF	DISPOSITION (Name of		OCATION — CHY	or Town, Stata EL CO., MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF							
	23. PART I. Enter the disesses, or complications that caused it shock, or heart failure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death)  S. Due To (of AS A C	hive	t enter the mode of dying,	Callure	Diratory arreat	Approximate Interval Between Onset and Death				
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Candro Mey Dathy  OUE TO (OR AS A CONSEQUENCE OF):  c. Curonary artery dustable  OUE TO (OR AS A CONSEQUENCE OF):  d.									
MEDICAL C	PART II. Other algnificant conditions contributing to death but	not reaulting in	the underlying cause given		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
÷	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. OTHER:  OTHER:									
SICIA	EVAMMED?		THER:							
/ PHYSICIAN: MEDICAL	EXAMINER?  1		OTHER:  Nursing Home 5 Rasiden  OF 26c. INJURY AT WORK?		INJURY OCCUR	ED				
B⊀	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  28. OATE OF INJUST  (Month Day Mary	ant 3 DOA 4 26b. TIME C	OTHER:  Nursing Home 5 Residen  OF 26c, INJURY AT  WORK?  M 1 YES 2 NO	ca 6 Other (Specify)	and Number or i					
B⊀	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the best of my knowledge.	At home, farm, stre	OTHER:  Nursing Home 5 Rasiden  26c. INJURY AT WORK?  M 1 YES 2 NO  set, factory, offica  at the time, data end place, end	28d. DESCRIBE HOW  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,				
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY building, atc. (Specify)  28e. PLACE OF INJURY building, atc. (Specify)  28e. CERTIFIER (Check only)  28e. CERTIFIER (Check only)  28e. CERTIFIER (Check only)	At home, farm, stre	OTHER:  Nursing Home 5 Rasiden  26c. INJURY AT WORK?  M 1 YES 2 NO  set, factory, offica  at the time, data end place, end	28d. DESCRIBE HOW  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  due to the cause(s) and matthe time, data and place, a	and Number or i	Rural Route Number,				
E COMPLETED BY	EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of axamination as	At home, farm, stre	OTHER:  Nursing Home 5 Rasiden  25c. INJURY AT WORK?  1 YES 2 NO  set, factory, offica  at the time, data end piece, end in my opinion, death occured at  29c. LICENSE	28d. DESCRIBE HOW  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  due to the cause(s) and matthe time, data and place, a	and Number or i	ause(s) and manner as stated.  GNED (Month, Day, Year)				

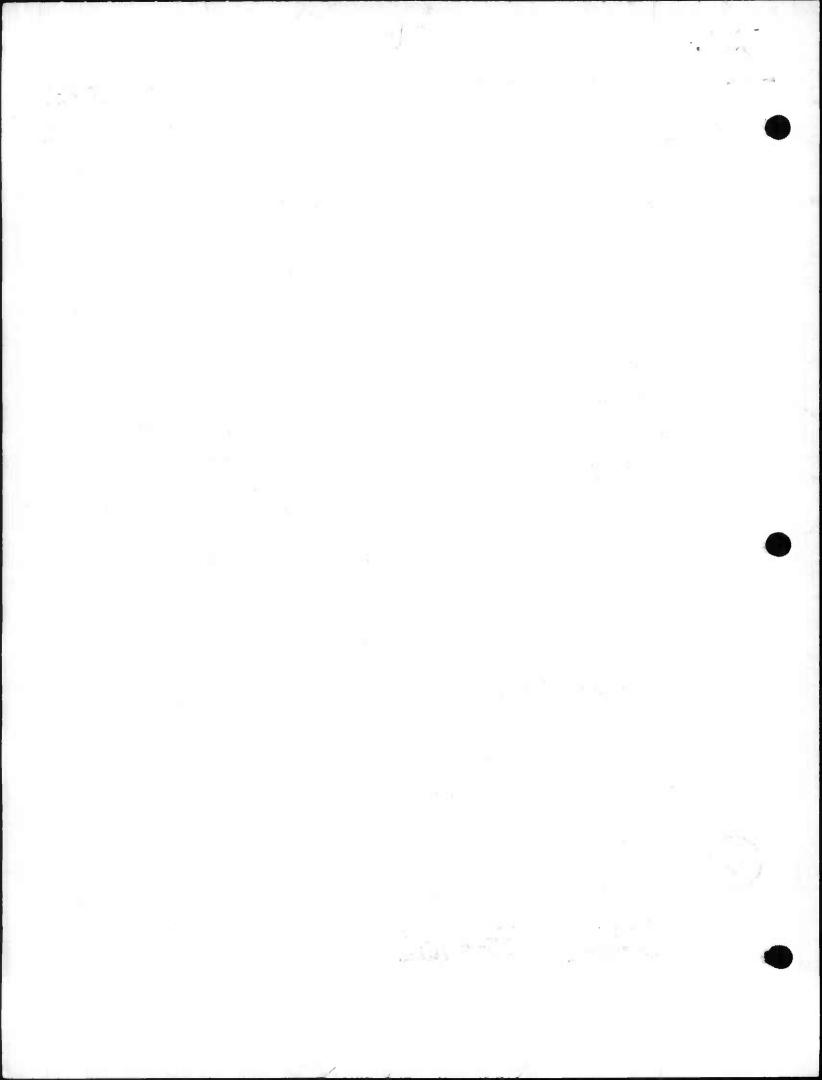
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IS PHYSICIAN: The law requires that the death countrale be executed within	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st	
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.									
	1. OECEOENT'S NAME (First, Middle, Last)		BOULDIN			2. DATE OF DEATH	1994 Y	SEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220- 01- 3052	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR FUNDER 24 HRS.  1  M 2  F			7. DATE OF BIRTH (Month, Day, Year)	(Month, Dev. Year) 4- 05 - 04 VIRGINIA				
TOR	90. FACILITY NAME (If not institution, give str Saint Joseph Hosp RESIDENCE OF DECEDENT				vson, Mar			of DEATH Altimore		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND 1/		10c, CITY	r, TOWN OR LOCA BALT	TIMORE	-		10d. INSIDE CITY V.LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1213 LIGHT STREET			10	7. ZIP CODE 21230		109. CITIZEI UNITE	N OF WHAT COUNTRY?  ED STATES		
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 JANO ATES	If yes, sp	CENDENT OF HISPA Healty Cuben, Mexico 3 2 NO Specia	NIC ORIGIN? (Specify Yeen, Puerto Ricen, etc.) fy:	s or No — 14	Black, White, etc.  Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S U (Give kind of wo life. Do NOT use			vork done during me	ON ost of working		BUSINESS/INDUSTRY			
OMPL	n/a 17. FATHER'S NAME (First, Middle, Last)	n/a			16 MOTHED'S N	n/a				
BE C	UNKNOWN									
2	199. INFORMANT'S NAME (Type/Print)  QARISSA QIVER		195. MAILING 1434			Route Number, City or Tov BALTIMORE				
	20e. METHOD OF DISPOSITION  1 Solution 2 Cremation 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of Campaign Fund of Campaign									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH. – 1101 E. NORTH AVENUE									
	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence or):									
CERTIFICATION	Sequantielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
AL CE	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO									
MEDIC	ATHEROSCLEROTI	C HEART DISE	<b>NSE</b>		· 12 (8)	1 TYES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2									
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 26d. DESCRIBE HOW INJURY WORK?					INJURY OCCUP	RED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	— At home, ferm, s	M 1 1 YES 2 NO  At home, ferm, street, factory, office		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner as stated.  MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)  > January 8 1994			
10	30. NAME AND ADDRESS OF PERSON WHO				115	_				
	31. DATE FILED (Month, Day, Year) JAN 1 0 1994	32 TRAPS SIGN	ATURE ATURE	SIBALT	MU. 212	S/				

SHARE BUILDING HILLSON BY

THE DV LAW SELECTION OF THE SELECTION OF

	1 - STATE REGISTRAR	ARYLAND / DEPA	reb RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIEN	1 6	00233		
	1. DECEDENT'S NAME (First, Middle, Lest) JOSEPH	BOTAG	FF, SR.	2. DATE OF DEATH MONTH		3. TIME OF DEATH 22 45 M		
	219-10-4577 1⊠@12□F	8, AGE (In yrs. lest birthdey) 67 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	. 7. DATE OF BIRTH (Month, Day, Year) January 9	Country	ryland		
TOR	9a. FACILITY NAME (N not institution, give street and number)  Northwest Hospital Center RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF Randallstow		9c. COUNTY OF DE Baltimor			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore	10c. Cr	ry, town or Location Baltimore			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 2202 Krone Court		ATES 1 TYPES 2 ANO Special Spe		10g. CITIZEN OF W	HAT COUNTRY?		
ĕ	11. MARITAL STATUS 1 Never Merried 2 Married FORCES? 1 IF YES, GIVE WA	EVER IN U.S. ARMED X YES 2 NO R OR DATES	It yes, specify Cuban, Max	ican, Puerto Rican, etc.)	Black,	- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8th Grade	(Give kind of life. Do NOT u	work done during most of working		BINESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Lest) William Bothoff	ость рас	18. MOTHER'S I	NAME (First, Middle, Maiden elmina Wied				
6	19a INFORMANT'S NAME (Type/Print) Mrs. Mary W. Bothoff	ADDRESS (Street and Number or Run Krone Court B	al Route Number, City or Town					
	20e. METNOD OF DISPOSITION  1 XX Burlet 2 Cremation 3 Removat from State 4 Donation 5 Other (Specify)	cemetery crematory or	of Disposition (Name of Disposition (Name of National Cemet	ery 1/11/94	CATION — City or Tow Baltimor	e, Maryland		
	MATE	>	Loring Byers 8728 Libert	Funeral Di y Road Ran	dallstown			
RTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	e on each line.	ED ARDOMI			Approximate Interval Between Onset and Daath		
N: MEDICAL CE	PART II. Other algnificent conditions contributing to d	eeth but not resulting	In the underlying cause given i	n Part I. 24a. WAS AN. PERFORI 1 YES 2	MED? NO	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO							
BY PHY	27. MANNER OF DEATH  1 Of Natural 5 Pending Investigation  28s. DATE OF II (Month, Day 1) Pending Investigation			28d. DESCRIBE NOW INJURY OCCURED				
PLETED	4 Homicide detarmined building, at	INJURY — At home, term, c. (Specify)	street, factory, offica	281. LOCATION (Street as City or Town, State)	nd Number or Rural Ro	ute Number,		
	29s. CERTIFIER 1 (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
0 85	29b. SIGNATURE AND TITLE OF CERTIFIER	mid	29c. LICENSE NI D 2 9	276	29d. DATE SIGNED (	Month, Day, Year)		
	30. NAME AND ADD SS OF PERSON WHO COMPLETED CAUSE Z. MOKO. MD. NOVIT	twest Ho	ospital CENTE	R, RANDA	LLSTOW	V MD21132		
	JAN 1 0 1994 Julia de	S SIGNATURE						



<b>BALTIMORE, MARYLAND 21215-0020</b>	irs after death. Pane 6 may be retained by the hospital or attending physician
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.	instance of the state of the st
	THE SINEBAL	be filed within 72 h
		)

1 -	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. 1	DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH ON GEAR 3. TIME OF DEA				
4.1 0 9a.	SOCIAL SECURITY NUMBER  39-07-3734  FACILITY NAME (# not institution, give in the content of the	01 DM 2 DF 9	YRS. MONTHS	DAYS HO	URS MIN.	DATE OF BIRTH (Month, Day, Year) eC. 5, 1		BIRTHPLACE (State or Foreign Country) North Caroli OF DEATH	
104	STATE 10b. COUNT		10c. CITY, TOWN	OR LOCATION	om D			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 □ NO	
	10e. STREET AND NUMBER			7	CODE		10g. CITIZEN OF WHAT COUNTRY?		
NO 11.	1732 Thurmond St MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes, specify	27105 ENT OF HISPANIC Of Cuben, Maxican, Pt		V7 (Specify Yes or No— Ricen, etc.)  USA  14. RACE — American India Black, White, atc.  Specify: Black		
ETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	ICATION 9 completed) 18 College (1-4 or 5+)	In. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	during most of	working	16b. KIND OF BUS			
TOWPL 17.	FATHER'S NAME (First, Middle, Last)	1	Ministe		. MOTHER'S NAME (	Church  IER'S NAME (First, Middle, Melden Surname)			
W	Oscar Bailey				Martha M	cLean			
0 196	a. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADDRES						
	Clara Bailey				St., Wi				
10	□ Burial 2 □ Cremetion 3 ☑ Ran □ Donation 5 □ Other (Specify)	noval from State cemete	ACE AND DATE OF DISPO ry, crematory or other place ergreen Ce	)				or Town, State	
im di	3. PART I. Enter the diseases, or shock, or heart failure.	CONGE	ne deeth. Do not enten line.	r the mode		cardiac or reap	more,	MD 21214 t, Approximate interval Bette Onset and D	
CATION	equantially list conditions, any, leading to immediate ause. Enter UNDERLYING	b. DUE TO (OR AS A CO					YRS		
CERTIF	AUSE (Disease or Injury lat Initiated events soluting in death) LAST	DUE TO (OR AS A CO							
MEDICA	ART II. Other algorificant condition CVNEYSRO V AS	na contributing to death but not resulting in the underlying cause given in Part I.				I. 24a. WAS AN PERFOR	AN AUTOPSY ORMED?  2 DNO  2 DNO  2 DNO  2 DNO  2 DNO  2 DNO  2 DNO  2 DNO  3 DEATH?  1 YES 2 N		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. VSS 2. VAC OTHER:								
¥ 27.	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO								
ED BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	(Month, Day, Year)  INJURY  M  1							
COMPLET	CERTIFIER (Check only 2   MEDICAL EXAMIN	lum)	nd/or investigation, in my	opinion, death		, deta and place, an	d dua to the c		
0									
0 30.	NAME AND ADDRESS OF PERSON WIR BRIAN C. W. DATE FILED (Month, Day, Year)	ACACE M  32. RESISTRATE SHIBNATE	1), 611	. CHA	MES S	T. BAC	Imale	5 mD 212	



But the first of

DIVISION OF VITAL RECONDS, F.C. BOX 86/00, BALLIMORE, MARTITAND ZIZIS-0020
10 THE HOSPITAL OF ATTOLIANS IN IS AM requires that the death certificate be executed within
10 THE FUNERCLUCK, ARRY THIS CENTING HIS DEVELOAM SOCIETY OF ALLEYON OF THE THIS CHART THIS THIS THIS THIS THIS THIS THIS THI
be filed within 72 hours after death with the State Pept. or Hearth and Merital Hyglerle prior to bunal, cremation, or removal.
IMPORTANT if item 28 is marked or item 23 shows any injury or other trainfalls from the medical examinar must be notified at ence

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO 1 -

	TIEGIOTTI III					IOAII	_ 01	DEA		HEG. IN	J.		
	1. DECEDENT'S NAME (First, Benice	_	rnest	Bro						2. DATE OF DEATH MONTH	DAY_	JEAP 3	TIME OF DEATH
			V			_					0	-1 /	11-AM
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	Country)	ACE (State or Foreign
	224-48-627		17€X M 2 □ F	89	YRS.					Aug. 8, 1	904	Virg	inia
1-13	Se. FACILITY NAME (If not in			9b. CITY	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D					NTY OF DEA	тн		
DIRECTOR	Frederick 1					Fr	ederick	Fr	ederi	.ck			
5	RESIDENCE OF DEC												
2	Virginia	Loud				y, town						1	Od. INSIDE CITY LIMITS?
		Loud	ioun		LO	CLLS	) A "T""	LE				1	X YES 2 □ NO
4	10e. STREET AND NUMBER						101	. ZIP COD					AT COUNTRY?
H	9 North Be	rlin F	ike					2208	30		U.S	of.	Α.
BY FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13.				IIC ORIGIN? (Specify Y	es or No-	14. RACE -	- American Indian, White, etc.
7	1 Never Married 2 X	Married	IF YES, GIVE V	YES 2 WAR OR DATES	, and			2 NO		n, Puerto Ricen, etc.)		Specify:	
	3 Widowed 4 Divo	rced						11				Cauc	asian
	15. DEC	EDENT'S EDU highest grade	CATION completed)	16a. I	DECEDENT'S	U\$UAL O	CCUPATIO	ON ost of worki	na	16b. KIND OF B	USINESS/INI	DUSTRY	
19	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	lle. Do NOT u	se retired.)					- 1		
N D	7			Fu	ineral	. Dir	ecto	or		Funeral	Indu	ıstry	
COMPLETED	17. FATHER'S NAME (First, M.							18. MOT	HER'S NA	ME (First, Middle, Maide			FF F F C-17
BE	John D. Br	own						Ber	tha	Sei	.tz		
2	19e. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRES	S (Street a	and Numbe	r or Rural I	Route Number, City or To	wn, State, Zij	Code)	
	Lucille Br	own		E	.O. I	Box 1	.92,	Love	ettsv	ville, Vir	ginia	2208	10
200	20g, METHOD OF DISPOSITI	ON			E AND DATE			ime of		DATE 20c. L	OCATION -	City or Town	n, State
200	4 Donation 5 Other	n 3 ⊔ Ham (Specify)	oval from State		n Cen			Ja	an. 8	1994 Lo	vetts	ville	. Va.
5	21. SIGNATURE OF FUNERAL	L DEMUCE LIC	CENSEE /	7	VII OC.			ND ADDRE				77-11-1	,
	1/1/11	X	700/1			F	rown	ı Fur	iera]	Home F	.O. H	30x 32	.0
6	11/11	/	M St	word,	_				Love	ettsville.	Virg	inia	22080
anic l	23. PART I. Enter the di	seases, or e	List only one can	it caused the i	desth. Do	not enter	the mo	da of dy	ing, auc	h aa cardiac or rea	piratory ar	reat,	Approximata interval Between
	IMMEDIATE CAUSE (ELO	al I					/	^					Onset and Death
	disease or condition	<b>+</b>	a. Con	ges TIM	e he	art	- +	alle	in				14d
			DUE TO	OR AS A CONS	EQUENCE C	F):	1						
Z	AND STREET STA		b										
CERTIFICATION	Sequentially list conditi if any, laeding to immed	diate	DUE TO	(OR AS A CONS	EOUENCE C	F):						1	
S	cause. Enter UNDERLYI CAUSE (Disease or Inju		C										
FI	that initiated events		DUE TO	(OR AS A CONS	EOUENCE C	F):							
EH	resulting in death) LAS		d								1	1.16	
	PART II. Other significe	nt condition	a contributing to	deeth but no	regulting	in the u	nderlylo	O COURS	alven in	Part I 24a WAS A	N AUTOPSY	245 W	/ERE AUTOPSY FINDINGS
EDICAL	Pseudor			mon		m the u	inderly in	y couse	given in	PERFO	PAMED?	- A	MAILABLE PRIOR TO
ŏ	1 sucaur	riorie	w prod	NYMON	w					1 TES	2 NO		OMPLETION OF CAUSE OF DEATH?
: ME												1	☐ YES 2 ☐ NO
N.													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					LACE OF E	DEATH (Ch	ack only one)			
SI	1 TYES 2 TAO		1 Inpetient 2	☐ ER/Outpatient	3 DOA	4 Nu		10 5 🗆 A	esidence	6 Other (Specify)			
Ĭ,	27. MANNER OF DEATH		28s. DATE OF (Month, L		28b. TIR	IE OF JURY	28c. INJ	URY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
ВУ		Pending Investigation	(Month, E	, row/	"	M		YES 2	□ NO				
	a Carte	Could not be	28s. PLACE C	OF INJURY — At atc. (Specify)	home, farm,	street, fac	tory, offic			28t, LOCATION (Street	t and Numbe	r or Rural Rou	ite Number,
		determined	Dunding.	atta (apacity)					011	City or Town, Stat	9)		
4 I - I	4 Homicide	Deter I I I I I I											
LET	29a. CERTIFIER		CIAN: To the best of	my knowledne	doeth occur	and at the	time date	and plan	and du	to the enumeral and m		And .	
MPLET	290. CERTIFIER (Check only	IFYING PHYS								to the cause(s) and m			and manner se stated
LEI	290. CERTIFIER 1 CERT (Check only one) 2 MEDI	IFYING PHYS	R: On the basis of a							to the cause(s) and m time, data and place,			and manner as stated.
ш	290. CERTIFIER (Check only	IFYING PHYS	R: On the basis of a					leath occu		time, data and place,	and due to t	he cause(s) s	Annth, Day, Year)
BE	29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDI	CAL EXAMINE OF CERTIFIE	R Sterv	nxamination and/s	or Investigati	on, in my		leath occu	red at the	time, data and place,	and due to t	he cause(s) s	
ш	290. CERTIFIER 1 CERT (Check only one) 2 MEDI	CAL EXAMINE OF CERTIFIE	R Sterv	nxamination and/s	or investigati	on, In my	opinion, d	29c. LIC	red at the	time, data and place, where the state of the	29d. DAT	E SIGNED (A	Aonth, Day, Year) Cy L
BE	29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDI	CAL EXAMINE OF CERTIFIE	R Sterv	nxamination and/s	or investigati	on, In my		29c. LIC	red at the	time, data and place, where the state of the	29d. DAT	E SIGNED (A	
BE	29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDI	CAL EXAMINE OF CERTIFIE PERSON WH	R Sterv	nxamination and/s	or investigati	on, In my	opinion, d	29c. LIC	red at the	time, data and place, where the state of the	29d. DAT	E SIGNED (A	Aonth, Day, Year) Cy L

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ath. Page 6 may be retained by the hospital or attending physician. Inetal director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

VISION OF VITAL RECORDS, P.O. BOX 68760,

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after (	y the	noval.
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24	1	5
LEADING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	TOR: Wer this certificate has been signed by the attending physician and completely filled in by the fur	сгета
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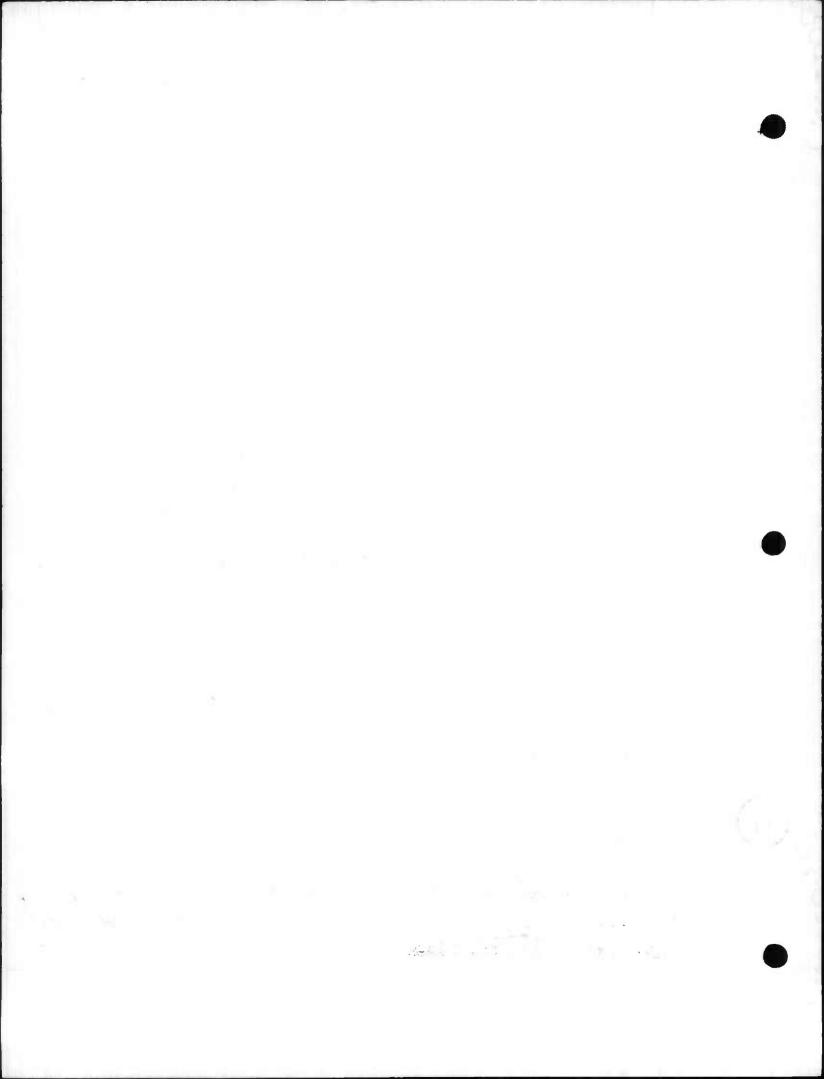
Marisa J. Werner,
31. DATE FILED (Month, Day, Yber)

JAN 10 1994

Univ.

		FOR	CTATE OF MADVE	AND / DEDA	D71.51					2 1	00	236
		1 - STATE REGISTRAR	STATE OF MARYL	CERTI	FICAT	EOF	TEALTH AND	MENTA	AL HYGIEN REG. NO	_		
		1. DECEDENT'S NAME (First, Middle, Last)	^						E OF DEATH		3.	TIME OF DEATH
a .		Paul Lynn 1	Burris, J	Vo				MON	TH D	4 9	YEAR	7:00 P M
		4. SOCIAL SECURITY NUMBER		'In yrs. lest birthday	MONTHS	ER 1 YEAR	IF UNDER 24 HRS	(8.4-	E OF BIRTH		B. BIRTHPLA	ACE (State or Foreign
목		None	1 M 2 D F	YRS.	MONTHS	4	HOURS MIN.	Dec	0.4	1993	Mary	land
Shou	oc	9a. FACILITY NAME (If not institution, give a	treet and number)				OR LOCATION OF	DEATH	,	9c. COUNT	Y OF DEAT	Н
.2	ē	University Hosp	ital		Ba	ltim	ore					
ges 1	DIRECTOR	10e. STATE 10b. COUNT		10c. C	ITY, TOWN	OR LOCAT	TION				104	d. INSIDE CITY
.≓. &.		Md.			Balt	imor	е				1(	LIMITS?
physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
an. ransit	ME	2238 Wilkens Av					2122	3		1	JSA	
physician burial-trar	글	11. MARITAL STATUS  1 [X] Never Married 2 Married	12, WAS DECEDENT EVER IN FORCES? 1 \( \subseteq \text{ YES}	U.S. ARMED	13	I WAS DEC	ENDENT OF NISP ecify Cuban, Max	PANIC ORIG	IN? (Specify Ye	a or No- 1	4. RACE — Black, WI	American Indian, hite, alc.
	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	- 1		2 NO Spe				Specify:	white
attending se as the	ED	15, DECEDENT'S EDU		16a. DECEDENT	S USUAL (	OCCUPATIO	ON	16	b. KIND OF BU	ISINESS/INDU	STRY	WILLUE
6 2	ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	f work done use retired.	during mo	ist of working					
po po	COMPL	0		Ir	fant							
the hor detach	Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First,	Middle, Malden	Sumame)		
s should be	8	Paul L. Burris,	Sr. Jami					e M. Brendle				
5 should notified	2	19a. INFORMANT'S NAME (Type/Print)	196. MAILING ADDRESS (Street and Number or Rural Route 2238 Wilkens Ave., Balt								ode)	-
		Jamie M. Brendle										
e 6 mar rector, p		1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata Cem	PLACE AND DATE etery, cremetory of OUCION F	other place	COMO:	t onu	1 .		CATION — CI		Stata
Page I dire		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEP)	.oodon F			O ADDRESS OF		is I RaT	timore	,	
after death. Page 6 may be by the funeral director, page moval. ical examiner must be		▶ 7/	1 /				L. Kaufı		uneral	Homes	3	
after of the moval.		23 PART   Enter the diseasest or	complications that could	the death De		695_1	Main St.	., F1	kridge	Md.	2127	
in a		23. PART I. Enter the diseases or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heert failure. List only one ceuse on each line.  Approximata Interval Between									Interval Between	
24 fille tion,		The said better								Onset end Death		
completely fille tal, cremation,		resulting in death)	e. Hyfoflas	CONSEQUENCE	2.17 OF):	hea	er T	zyno	drom	e		tdays
executed within and completely to burial, cremal matic event,	z	V										
	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):							
certificate be ding physician tygiene prior i	S	cause, Enter UNDERLYING CAUSE (Disease or injury	c									
sing phy ygiene p		that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):							
death c e attendi lental Hy ury, or	GE		d									
in the		PART ii. Other eignificent condition	e contributing to death be	ut not reeuiting	in the u	nderlying	g cause given i	In Part i.	24s. WAS AN			RE AUTOPSY FINDINGS
uires that signed by Health an	DICAL								1 YES 2		COI	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
requires seen sign of Heal	ME											YES 2 DAG
has been bept. of h	ž											
d: The cate h State Cate h	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (	Check only o	one)			
CIAN Sertifi the	PHYS	1 TYES 2 NO 27. MANNER OF DEATN	1 Pinpetient 2 ER/Outpe		4 🗆 Nu	rsing Hom	e 5 🗆 Residenc	_				
PHYS this c		1 Netural 5 Pending	(Month, Day, Year)	26b. Ti	ME OF JURY		AK?	26d. DE	SCRIBE NOW I	INJURY OCCU	RED	
E III	BY	2 Accident Investigation 3 Suicide	26s. PLACE OF INJURY	— At home, Jarm			rES 2 NO	201.10	CATION (Street	and Mumber or	Dural Davida	At only
	ED	4 Homicide 6 Could not be	building, atc. (Speci	f(y)		orony, orange		Cin	or Town, State)	)	nurai noute	Number,
E E	COMPLET	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my knowle	edne death secon	read at the	time det	and place of the	un 45 41				
PITA ERA II 72	OMF		R: On the basis of examination									f manner as stated.
THE HUSEN TO THE FUNES TO THE FUNES THE MITTHEN	U C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE N					oth, Day, Year)
TO THE TO THE De filed	00	Marisa J.	Wernen.	140			844		7		- 4 -	
	임	30. NAME AND A ODRESS OF PERSON WHO	COMPLETED CAMPE OF DE	THE STREET								, -1

Univ. of Md. Hap., 225. Greene St., Bathimore, 12 21201



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last  ROBERT		TELLO			2. DATE OF I		VEAR	:15 P
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E		Country)	CE (State or Foreign
NC.	9a. FACILITY NAME (If not institution, give		<i>'</i> .5	9b. CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COUNT	Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	1	10c. CIT	Y, TOWN OR LOCAT	TION			10d	. IHSIDE CITY LIMITS?
	100. STREET AND NUMBER	RAN GRISH	s DRive	limoni 101	I. ZIP CODE		10g. CITIZ	EN OF WHAT	YES 2 HO
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED	If yes, sp	21093 ENDENT OF NISPANI ecify Cuban, Mexican 2 M HO Specify:	, Puarto Ricar	pecify Yes or No-	2.11.	American Indian, lita, atc.
PLETED	15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12)	DUCATION	16a. DECEDENT'S	USUAL OCCUPATION work done during mose retired.)	ON sat of working	16b. KIN	O OF BUSINESS/IHDU	- :	1 4
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Castello	10/120 (	THE TO SE	18. MOTHER'S NAM	1 40 04	190 012	558	
TO B	19a. INFORMANT'S NAME (Type/Print) FAMILY RC	DROS.	19b. MAILING	ADDRESS (Street of	AGOVS	oute Number, C	City or Town, State, Zip (	Code)	
	20a. METHOD OF DISPOSITION 1	2	20b. PLACE AND DATE of the completery, crematory of the completery of the complete of the comp	ther place)		DATE	BASTO.	~	Stata LANO
1.5	21. SIGNATURE OF FUNERAL SERVICE I	Name		22. HAME A	ND ADDRESS OF FAC	ILITY	inss		
	23. PART I. Enter the diseases, or ahock, or heert feilure immediate CAUSE (Finel disease or condition resulting in death)	r complications that ceus s. List only one ceuse on RESP	reach line.	4 FE	de of dying, such	aa cardlac	or reapiratory arre	st,	Approximate Interval Batwe Onset and De I WIC
CATION	Sequentially list conditions, if any, leading to immediate	· CUF	S A CONSEGUENCE OF						100ms
CERTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	S A CONSEQUENCE OF	F):					
MEDICAL CE		neclulas	but not resulting	In the underlyin	g cause given in F		. WAS AN AUTOPSY PERFORMED? YES 2 HO	AWA COM OF	RE AUTOPSY FINDING RABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 HO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Che	ck only one)			
PHYSI	1 TYES 2 TO NO.  27. MAHHER OF DEATH  1 Natural 5 Pending	1 Support 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	Y 28b, TIM	4 Nursing Hom IE OF 28c. IHJ	PRK?		ecity) BE NOW INJURY OCCU	PRED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not b. 4 Nomicide datermined	28a PLACE OF IHUII	IRY — At home, farm, specify)		YES 2 HO		N (Street and Number own, State)	r Rural Route	Number,
COMPLETE	and any	/SICIAN: To the best of my kn							I manner se stated
BE	29b. SIGNATURE AND TITLE OF CERTIFIC	ier wichel f	Chen	2	29c. LICEHSE HUMI		29d. DATE	SIGHED (Moi	nth, Day, Year)
2	30. HAME AND ADDRESS OF PERSON W	WHD COMPLETED CAUSE DF	DEATH (ITEM 27) Po	, Print)					

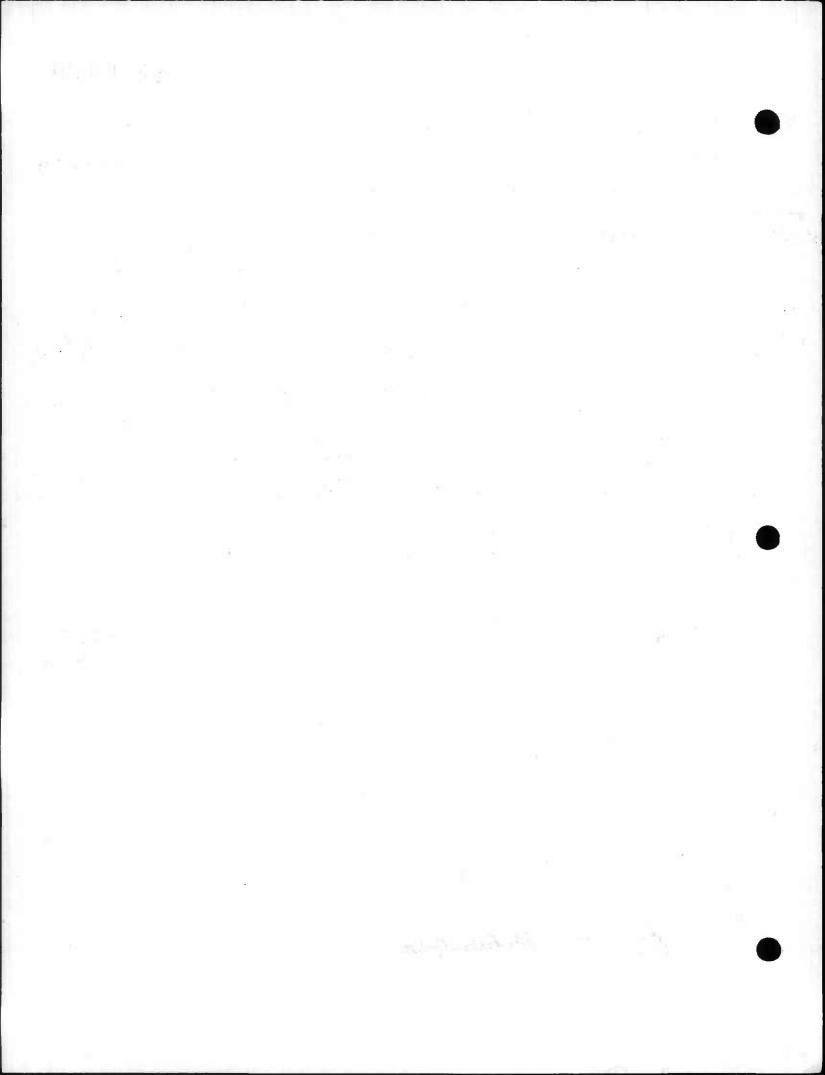
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			CERTI				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1.1				2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEAT
	Richard	W,	Cofield			01	05	199		0222
	4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. last birthda				OF BIRTH , Day, Year)	. 19	BIRTHE	PLACE (State or Fo
	217-40-7095	1/2 M 2 □ F	52 YRS	MONTHS DAYS	HOURS MIN.	5-	17-	41	m	924/m
~	9e. FACILITY NAME (If not institution, give	street end number}		9b. CITY, TOWN	OR LOCATION OF D	EATH	T	9c. COUNT	Y OF DE	АТН
DIRECTOR	∕Francis Scott Ke	y Medical	Cntr.	Baltin	nore	Cil	4			
EC	19a. STATE / 10b. COUNT	TY	10c. 0	ITY, TOWN OR LOC			/		T	10d. INSIDE CITY
DIR	mary land			BA/	Timor	(9)			- 1	LIMITS?
. 4	10e. STREET AND NUMBER			2/1	IOI, ZIP CODE			10g. CIT/ZE		HAT COUNTRY?
ER	1255 541	orise A	Beach	01	2163	2		0	5	.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			ECENDENT OF NISPA			or No — 1	4. RACE	- American Indi White, atc.
ВУ Б	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA			specify Cuben, Mexico ES 2 NO Speci		lican, etc.)		Spect)	White, etc.
ED B	15. DECEDENT'S ED	I	I see minimum out		e de la constante de la consta				101	BCK
1	(Specify only highest grad	de completed)	194. DECEDENT	"S USUAL OCCUPAT of work done during in uner/setting.)	nost of washing	16b.	KIND OF BUS	SINESS/INDU	STRY	1
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	STOP	1/1/1/2	Mon.		Rot	1//	War 1	3/10.
COMPLET	17. PATNER'S NAME (First, Middle, Last).		1 1	000/	18. MOTHER'S N	AME (First A	fiddle, Maiden	Surnamal	18/	400
EC	VKobert 11	Arven	Ontic	1/	11/2	24	EP	m	1/	1
0 /	190. INFORMANT'S NAME (Type/Printy)	1	19b. MAIL	NG ADDRESS (Street	t end Number or Rural	Route Numb	er, City or Tow	yn, State, Zip C	Code)	2,
5	mrs, Hnila	Catie	1/ 12	55-51	ntise.	Spa	-hP	1 (10	2412-	wilky
	20e. METHOD OF DISPOSITION  1 Duriel 2 Cremation 3 Rer	mount took or	206. PLACE AND DAT	POF DISPOSITION	Nameot n	PAJE	20c. LO	CATION - CI	ty or Tow	m, State
	4 Donation 5 Other (Specify)	moval from State	cometery, exemptory	other place)	TARCEN	1/8	10	1/10	0.6	o.M.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	)	22 NAME	AND ADDRESS OF F	CHITY	SSL	UNE	rus	Hon
	*X south	L. N.	1111	100	901	1/2	HI	40	Sol	461
	23. PART I. Enter the diseases, or	11 IN	VIII	1	1 - 11/1/	WITT	III	ULIK	MILI	JANY
		complications that	caused the deeth. De	not enter the m	node of dving, suc	ch aa cerd	lac or reap	ratory arre	at.	Approxim
	shock, or heart failure	List only one ceus	e on each line.	not enter the m	node of dying, suc	ch aa cerd	lac or reapi	Iratory arre	at,	Intervet B
	iMMEDIATE CAUSE (Final disease or condition	. List only one ceus	e on each line.					iratory arre	et,	Intervet B
	immediate Cause (Final	a. Arteri	caused the deeth. Do e on each line. OSCLETOTIC OR AS A CONSEQUENCE	: Cardiov				iratory arre	et,	Intervet B
Z	immediate Cause (Final disease or condition resulting in death)	a. Arteri	on each line.	: Cardiov				iratory arre	at,	Intervet B
TION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Arteri	on each line.	Cardiov				iratory arred	at,	Intervet E
ICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Arteri DUE TO (C	osclerotic os as a consequence or as a consequence	Cardiov				iratory arred	at,	Intervet E
TIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Arteri DUE TO (C	osclerotic	Cardiov				iratory arred	at,	Intervet B
ERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Arteri DUE TO (C	osclerotic os as a consequence or as a consequence	Cardiov				iratory arred	at,	Intervet B
CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Arteri DUE TO (C	OSCLETOTIC OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Cardiov  OF):  OF):	vascular (	Disea	SC 24a. WAS AN	AUTOPSY	24b.	Intervet B Onset and
CAL CERTIFI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Arteri DUE TO (C	OSCLETOTIC OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Cardiov  OF):  OF):	vascular (	Disea	SC	AUTOPSY RMED?	24b.	Intervet B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR OF COMPLETION OF
DICAL CERTIFI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Arteri DUE TO (C	OSCLETOTIC OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Cardiov  OF):  OF):	vascular (	Disea	24a. WAS AN PERFOR	AUTOPSY HMED?	24b,	UNSET AUTOPSY F AMAILABLE PRIOR OFF DEATH?
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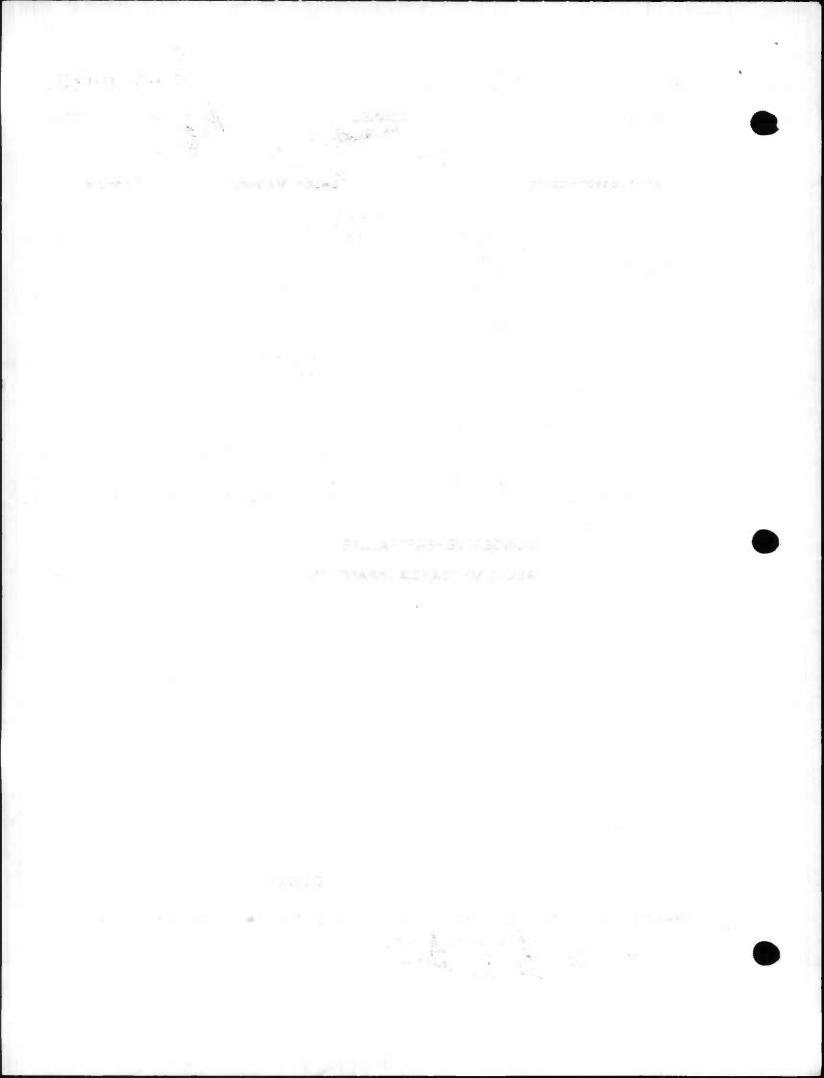


DIVIDION OF VITAL DECORDS, P.O. BOX 001 00,	SALTIMORE, MARTLAND ZIZIS-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ion, or removal.
IMPORTANT: If Item 28 is marked or item 23 shows any injury or other traumatic event the medical examiner must be notified at once	he medical examiner must be notified at once

FRANCIS T. KHOO, M.D. 31. DATE FILED (Morath, Day, Year) JAN 1 0 1994

_	1 - FOR STATE REGISTRAR	C	/ DEPARTMENT OF HEALTH	Total A	SIENE 94	00239
	1. DECEMBENTS NAME (First, Middle, Last)	J.	CONNELLY	2. DATE OF DEA	5 994	YEAR 3. TIME SEDEATH
	4. SOCIAL SECURITY NUMBER 214-05-3192	5. SEX 1 M 2 F 6. AGE (In yrs. In	YRS. WONTHS DAYS HOURS	MIN. 7. DATE OF BIFTI		BIRTHPLACE (State or Foreign Country)  SALTO, MD.
OR	9a. FACILITY NAME (If not institution, give : Saint Joseph Hosp	itreet and number)	9b. CITY, TOWN OR LOCAL TOWSON,	Maryland	9c. COUNT	OF DEATH Altimore
ا ق	RESIDENCE OF DECEDENT					
L DIRECTOR	10a. STATE 10b. COUNT 10b. COUNT 10b. STREET AND NUMBER	LTIMORE CO	10c. CITY, TOWN OR LOCATION	E		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3052 OAK	FOREST D	RIVE 21	234	10g. CITIZE	N OF WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 W Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYPES 2 IN THE INTERIOR IN THE INTERIOR IN U.S. A FORCES		OF HISPANIC ORIGIN? (Species, Mexicen, Puarto Rican, et Specify:	Ify Yee or No.— 14 c.)	Specify:
	15. DECEDENT'S EDU		ECEDENT'S USUAL OCCUPATION	16h KIND C	F BUSINESS/INDUS	TPV
COMPLETED	(Specify only highest grade	completed) (	Give kind of work done during most of work to Do NOT use retired.)  TILE BROK	EL SE	f en	0. (-1)
F 111	17. FATHER'S NAME (First, Middle, Last)	ONNEWY	16. MO	THER'S NAME (First, Middle, N	delden Surname)	nly
2	190. INFORMANT'S NAME (Type/Print) MARY ELIZAB	ETH CONNELLY	SAME AS	BOX 10 E.	or Town, State, Zip Co	ode)
HUST DE	20a. 9ETHOD OF DISPOSITION  1		E AND DATE OF DISPOSITION (Name of regnatory of other place)	NEM. 1-8-44	COCKE	y or Town, State Sysville, MD
axammer axammer	21. SIGNATURE OF FUNERAL SERVICE LI	F. Jain 21C.	# EVANS	CHARAN)	of me	PARKUUS M
2	23. PART I. Enter the discusses, or	complications that caused the d	laath. Do not enter the mode of de	ving, such as cardiac or	respiratory arres	t, Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in daath)	CONGESTIVE HE	18.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	intarval Between Onset and Daath 5 DAYS
	resulting in death)	DUE TO (OR AS A CONSE ACUTE MYOCAR	EQUENCE OF):			5 DAYS
ATIO	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):			
5 0	PART II. Other significant condition	an anatellise to death his and				
N N	- I - I - I - I - I - I - I - I - I - I	- Contributing to death but not	resulting in the underlying cause		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 U Y	ES 2 NO	OF DEATH?
AN: MEDICAL						1 TES 2 NO
Z						
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	240000	26. PLACE OF	DEATH (Check only one)		
YSICI/	1 TES 2 NO	SPITAL: Inpatient 2 - ER/Outpatient	3 DOA 4 Nursing Home 5 F	Residence 8 Other (Specific	y)	
BY PHYSICIAN: MEDICA	27. MANNER OF DEATH  P Natural 5 Pending  1 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK?  M 1 YES 2		HOW INJURY OCCUI	RED
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI h building, etc. (Specify)	ome, ferm, streef, fectory, affice	281. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,
BE COMPLETED			lasth occurred at the time, data end place			
B S	29b. SIGNATURE AND TITLE OF CERTIFIE	noe	29c. LIC D30	ENSE NUMBER		IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (IT		203		

ST. JOSEPH HOSPITAL, 7620 YORK ROAD, TOWSON MD. 21204



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=	. Page 6 may be retained by the hospital or attending physician.	al director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR TO THE FUNERAL DIFFICE be filed within 72 from IMPORTANT: If Item

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MICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	une certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach with the State Debt, of Health and Mental Hydiene orior to burial, cremation, or removal.	and, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR					91	00240
	1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND E OF DEATH			
ij.	1. DECEDENT'S NAME (First, Middle, Last)	. 1	ZEITIII IOAI	L OF BEATH	2. DATE OF OEATH	).	3. TIME OF DEATH
	EVA 1	U. COOK	5		MONTH - 4	- 94	EAR
	10 10 11	5. SEX 8. AGE (In yrs.	iast birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8,	BIRTHPLACE (State or Foreign Country)
10	7-110000	1 M 2 OF //	YRS.	DAYS HOURS MIN.	9-8-19		n Aryland
œ	9e. FACILITY NAME (If not institution, give street	et end number)	9b. Cf	TY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY	OF DEATH
5	AESIDENCE OF DECEDENT	16 KDAC		Mimore	1 Cily		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	0		10d. INSIDE CITY
	Maryland		13A11	more			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	101	(	101, ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
N	11. MARITAL STATUS	10 KOAG	Name of the last	2121	6	U,	, S, H,
	1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES		If yes, specify Cuben, Mexic	an, Puerto Rican, etc.)	s or No- 14	. RACE — American Indian, Black, White, etc.
B	3 Wildowed 4 Divorced	IF TES, GIVE WAR ON DATES		1 TYES 2 140 Spec	ffy:		BIACK
	15. DECEDENT'S EDUCAT (Specify only highest grade co		DECEDENT'S USUAL (Give kind of work don	OCCUPATION e during most of working	16b. KIND OF BU	SINESS/INDUS	TRY
الا	Elementary/Secondery (0-12)	College (1-4 or 5+)	the. Do NOT use retired	1/			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	/	10men	AREK			
	Louis H.	Williams		18. MOTHER'S N	AME (First, Middle, Maiden		3
) BE	10a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Stripet and Nujfiber or Rura	Ploute, Number, City or Toy	vn. State. Zio Co	
2	mrs Theresil	a Jackson	2910 A	lendale f	d BA 17.	more	md 21211
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remove	20b. PLAC	EAND DATE OF DISPO	SITION (Name of	PATE 20c. LC	CATION - CIN	or Town, State
	4 Donation 5 Other (Specify)	000	JO /AUX	1 Cem	17 8	Alla	Co. 1000
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE PULL	2	SEPPER	USS FUI	NEIM	Home
	young .	Troub		222 W.NO	rth Ave	BAI	to mosper
	23. PARTI. Entar the diseases, or cor ahock, or haart failure, Lis	mplications that caused that st only one cause on each li	daath. Do not anta	er the mode of dying, su	ch as cardiac or reap	iratory arrea	t, Approximate Interval Batween
	IMMEDIATE CAUSE (Final	-			eno		Onset and Daath
	disease or condition resulting in death)	Panciear	Sic Car	reer 6	mon		Comonth
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ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury						į
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
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	PART II. Other significant conditions	contributing to death but no	t reaulting in the u	Indarlying cause given in			24b. WERE AUTOPSY FINOINGS
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ME							1 TYES AND
PHYSICIAN: MEDICAL							
2		OSPITAL:	ОТНЕ	28. PLACE OF DEATH (C	heck only one)		
14S	1 VES 2 NO 1	□ Inpatient 2 □ ER/Outpatient  28a. DATE OF INJURY	3 DOA 4 N	rsing Home 5 KResidence			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	IEO
BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — At	home, ferm, street, fe		281. LOCATION (Street	end Number or	Rural Route Number,
	4 Homicide determined	building, atc. (Specify)			City or Town, State,		
	Tronicoe Geternined						
	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurred at the	time, date end place, and du	e to the cause(e) end ma	nner se stated.	
	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,					nuse(e) and manner as stated.
BE COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIA				e time, date and place, er	nd due to the c	suse(e) and manner se stated.  GNED (Month, Day, Year)

31. DATE FILED (Month, Day, Year)

JAN 1 0 1994



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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	4. SOCIAL SECURITY NUMBER	R	5. SEX	_	(In yrs. lest birth	MONTH	ER 1 YEAR	IF UNDER	24 HRS.	7 DATE OF	BIRTH ly, Year)		8. BIRTHPI Country)	LACE (State or Foreig
	O. FARM THE AVAILABLE OF A CO.		XX M 2 □ F	62	2 YF			2000		JAN. 12	<b>,</b> 193		KORE	
œ	9e. FACILITY NAME (If not institute of the second of the s		APT. 12	20		C.C.	TY, TOWN O		ON OF DE	EATN		9c. COUNT		ATH
	RESIDENCE OF DECE		AFI. 12	.9			CLOUN	DIA				HOW	AKD	
ŀ	10a. STATE 1	IOB. COUNTY			10c	10c. CITY, TOWN OR LOCATION							1	Od. INSIDE CITY
	MARYLAND	HOV	VARD			COI	LUMBI	A					1	YES XX NO
-	10e. STREET AND NUMBER						101	. ZIP COD						AT COUNTRY?
ĺ	5230 CEDAR I	ANE	APT. 12					210					OREA	
	1 Never Married 2 MM 3 Wildowed 4 Divorce		12. WAS OECEDEN FORCES? 1 IF YES, GIVE W								14. RACE - Black, Specify: KOR	– Americen Indian, White, etc. EAN		
	15. DECED (Specify only h	ENT'S EDUC			16e. DECEDE	IT'S USUAL			w/	16b. KII	D OF BUS	SINESS/INDU	STRY	
	Elementary/Secondary (0-12	2)	College (1-4 or 5 -	·)	life. Do N	OT use retired	.)		.8	GOV	ERNM	ENT E	MPLO	YEE
			5+		PROF	ESSOF	}					GOVE	RNME	NT
		HOI				18. MOTHER'S NAME (First, Middle, Meiden Surname) PIL YONG KIM								
	19a. INFORMANT'S NAME (Type		ORT.							Route Number,				
	DR. SONG CHOL CHON 5230 CEDAR LANE APT. 129  200. METNOO OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of part of pa											D.21044		
	200.71								TAIL	1/12/9	20c. LO	CATION — C		
	21. SIGNATURE OF FUNERAL S		ENSEE	11/4	HIVE VIOLV		2. NAME AP				4 D	AVIDS	OIVVI	LLE,MD.
ı											. WI	TZKE	FUNE	RAL HOME
$\dashv$	23. PART I. Enter the dise					55	555 T	WIN .	KNOL	LS ROA	$D, \infty$	LUMBI	A, M	D. 21045
RTIFICATION	disease or condition resulting in death)  Sequentially lifet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										monte			
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: MEDICAL	diabetes well-frs 2 no of								VERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
Ä V	25. WAS CASE REFERRED TO I	MEDICAL					26. PL	ACE OF D	EATN (Ch	eck only one)				
၁၂	EXAMINER?		HOSPITAL:	ER/Oute	patient 3 🗆 DC	OTHI	ER:		_	8 DOTher (Sc	nash.)			
PHYSICIA	27. MANNER OF DEATN 1 Netural 5 Pe		26e. DATE OF (Month, D	INJURY		TIME OF INJURY	28c. INJ WO			26d. DESCRI		JURY OCCU	PRED	
red By	3 Suicide 6 Co	watigation wild not be termined	26e. PLACE O building,	F INJURY atc. (Spec	/ — At home, fa	rm, streel, fa			,	261. LOCATIO City or To	N (Street a	and Number o	r Rural Roo	ite Number,
TO BE COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICA  PSE. SIGNATURE AND TITLE OF SECTION OF PERSON  YING PHYSICAL EXAMINED	O COMPLETED CAUS	SE OF OE	an end/or investi	gation, in my	opinion, d	29c. LICE	NSE NUI	to the cause(e time, date and	) end man place, end	29d. DATE	SIGNEO (A	fonth, Day, Year,	
1	31. DATE FILED MONTH, Day, You	1004	32. PLOISTRA	456 12 SIGN	SItem	Jode	Cone	WZI	3 6	ellica	1 Cula	ymo	) 74	042

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 9 L

2. DATE OF DEATN

00241

3. TIME OF DEATN

pital or attending physician. of for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

MISION OF VITAL RECORDS, P.O. BOX 68760,

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the	det		5
3	200		10
ATT WING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp	The trie contribute has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		mm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	nis c	un with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted,
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							Q	4 00242
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH	AND MEN	TAL HYGIEN	E	4 00242
	1. DECEDENT'S NAME (First, Middle, Last)	- 1 - 1		A .	2. D	ATE OF OEATH		3. TIME OF OEATH
	Clara H	erbert	1N-6	- /Auss	ew "	HTH DA	94	1/33 M
	4. SOCIAL SECURITY NUMBER				/4/	TE OF BIRTH onth, Dgy, Year)		BIRTHPLACE (State or Foreign Country)
	577-48-6583	1 🗆 M 2 🕡 F	7 OYRS.	ONTHS DAYS HOURS	MIN.	1081	· 3	Germany
	9e. FACILITY NAME (If not institution, give si			96. CITY, TOWN OR LOCAT	TION OF OEATH	,	9c. COUNTY	
0	RESIDENCE OF DECEDENT	15e 61	ANE	RIV	A		17	17
DIRECTOR	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
B	Maryland Ann A	rundel	Riva					LIMITS?
AL	10e. STREET AND NUMBER			101. ZIP CO	DE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	409 Porpoise Lane			21140	)		USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1   YES	IN U.S. ARMED	13. WAS DECENOENT If yes, specify Cub	OF NISPANIC OR	GIN? (Specify Yea		RACE — American Indian, Black, While, etc.
8	1 Never Married 2 Married 3 Wildowed 4 Olvorced	IF YES, GIVE WAR OR		1 TYES 2 K NO		to rican, etc.)		Specify:
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	1	16b. KIND OF BUS	INESS (INIT) IST	White
ETE	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	rk done during most of work retired.)	ing	100. KIND OF BUS	INESS/INDUS	HY
45	10	55110ge (1-4 di 5+)	Homema	kor				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		THAIR MA		THER'S NAME (Fin	st, Middle, Meiden	Surname)	
BE (	Johann Peter Meut	tgens		An	na Mari	e Klote	rs	
10 E	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING A	DDRESS (Street and Number	or or Rural Route N	umber, City or Town	State, Zip Coo	de)
	Linda Blanton			acon Ridge	Rd. Cro			
	20s. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remo	oval from State Co	b. PLACE AND DATE OF emetery, crematory or other	er place)	1	7/		or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE UC	ENSEE	rlington	National 22. NAME AND ADDRE	ESS OF EACH ITY	3/74 Arl:	ington	• VA
- 8	DOUK			Cunningh		ral Home	9	
	22 Party I Enter the diseases are	m		P.O.Box	65 Alex	andria.	VA 22	313
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	List only one ceuse on	each ilne.	t enter the mode of dy	/ing, such as c	erdisc or respir	atory srrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Decho	0-	1	C. C.	*	4	Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	IXC IX	US IL T	TICLEA	-ay	
z		Hupe	r tens	ive It	en-t	Dis	TAS	2
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):			,	1.00	
2	CAUSE (Disease or Injury	2						
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
빙		1						
AL.	PART II. Other significant conditions	s contributing to death	but not resulting in	the underlying cause	given in Part I.	24a. WAS AN /		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
음						1 TYES 2	N 4 -	COMPLETION OF CAUSE OF DEATH?
¥								1 - YES 2 - NO
Ä	or was over persons to wrow. I							
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	DEATN (Check only			
H	1 YES 2 NO 27. MANNER OF OEATN	28a. DATE OF INJURY		OF 28c. INJURY AT		ther (Specify) DESCRIBE HOW IN	HIRV OCCUP	70
_	1 Netural 5 Pending	(Month, Day, Year)				PESCHIBE NOW IN	JOHY OCCUM	:0
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	lY — At home, farm, str		28f. L	OCATION (Street at	nd Number or F	tural Route Number,
	4 Homicide determined	building, atc. (Sp	ecny)			ity or Town, State)		
٣ [	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wledge, death occurred	at the time, data and place	a, and due to the	cause(a) and man	or as stated.	
0. 1	(Check only							use(a) and manner as stated.
OMP		R: On the beals of examinati	on and/or investigation,	in my opinion, death occu				
E COMPLETED		R: On the beals of examinati	on and/or investigation,		ENSE NUMBER			SNED (Month, Day, Year)
BE	MEDICAL EXAMINE	R: On the beals of examinat	Degia			256		
	MEDICAL EXAMINE	Jamo	Degin	inty 29c. Lic		256	29d. DATE SIG	SNED (Month, Day, Year)
BE	2 MEDICAL EXAMINES  PROMATURE AND TITLE OF CERTIFIER  30, NAME AND ADDRESS OF PERSON WHI  WILLIAM P. (	JONES, N	Degin	irty 29c. LIC		25E	29d. DATE SIG	
BE	one) 2 MEDICAL EXAMINER  SWB. SIGNATURE AND TITLE OF CENTIFIER	JONES, N	Degin	inty 29c. Lic		05E	29d. DATE SIG	SNED (Month, Day, Year)

see on med at 14th

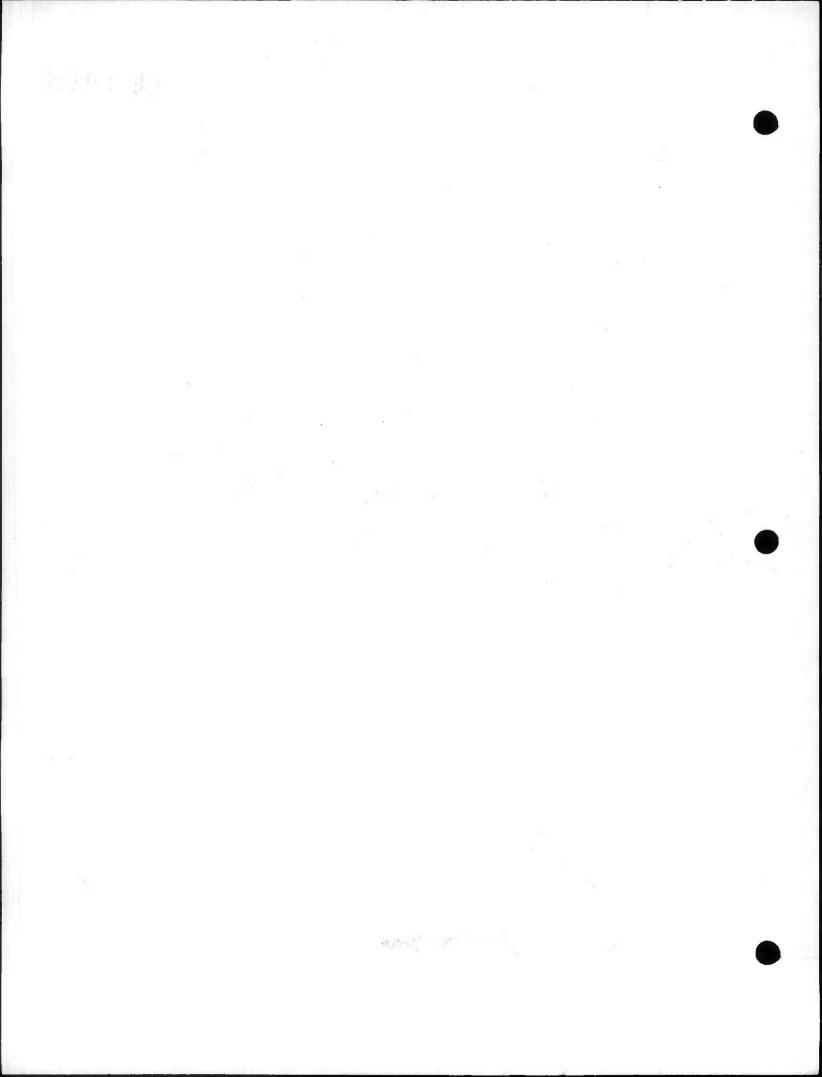
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	pital or attending physician.  ed for use as the burial-transit permit. Pages 1.2.3 should		
TO THE UNCOTAL OR BITCHONG BHYCHOLDING PHYCHOLDING that the death carriffces he executed with house from he consists by the heavily an execution of the first second o	The first of the state of the attending physician and completely filled in by the funetal director, page 5 should be detached for use as the buriat-transit nermit. Planes 1 2 3 should	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MOSPITAL OR ATT	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with th	IMPORTANT: If item 28 is marked,

00243 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 9 4

1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	94 00243
1. DECEOENT'S NAME (First, Middle, Less Louis Dayton				2. DATE OF DEATH DAY 1/4/94	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-12-5913	1 □XM 2 □ F 8		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pay (6ar)) 10	a. BIRTHPLACE (State or Foreign Country) Bristal, Tenn.
99. FACILITY NAME (If not institution, given 1301 Delphi Ct.	e street and number)		Bel Air		ec. COUNTY OF GEATH Harford
10e. STATE 10b. COUP	erford		TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1  YES 2 X NO
100. STREET AND NUMBER 1301 Delphi Ct. 11. MARITAL STATUS			101. ZIP CODE 21014	1	IOG. CITIZEN OF WHAT COUNTRY?
3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WW I	2 NO TES	13. WAS DECENDENT OF HISP/ If yee, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Ricen, etc.)	
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12) 3 17. FATHER'S NAME (First, Middle, Last)	DUCATION ide completed)  College (1-4 or 5+)	(Give kind of wo life. Do NOT use)  Crane Op	k done during most of working etired.)	166. KIND OF BUSING	
Alvia David Cari	rier		Salli	AME (First, Middle, Malden Sur e Louise Sny	meme) /der
Alvia D. Carrier			elphi Ct. Bel	Air 21014	
209 METHOD OF DISPOSITION  1 A Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	D.	PLACEAND DATE OF elery, crematory or othe Clark Mc	_ 04 1/7	/94 Ra1	tion City or Town, State
· E.F. Pas	solan Func			Rd. Kingsvi	lle, md. 21087
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO (OR AS A	CONSEQUENCE OF):	lewa.	on diago of rauphat	Approximata Interval Batween Onset and Death
Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):			
PART II. Other significant conditions of the condition of	one contributing to death be	it not resulting in	the underlying causa given in	Pert I. 24s. WAS AN AU PERFORME 1 YES 2	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C		
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1   Inpetient 2   ER/Output	28b. TIME (		6 Other (Specify) 28d. DESCRIBE HOW INJU	URY OCCURED
	e 28e. PLACE OF INJURY building, etc. (Speci	At home, farm, str	et, fectory, office	281. LOCATION (Street and City or Swen, State)	Number or Russi Route Number
			at the time, date and place, and du		r as statud. hue to the ceuse(s) and manner as stated,
S SIGNATURE AND THE GREAT	yer		D 44	793	S S S
	VHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (7):04. P	int)		, /
31. DATE FILED (Morith, Day, Your)	4 Grove Bairds	TURE			



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

distance		1. DECEDENT'S NAME (Fi					IOAII		DEA			HEG. NO	_		
		William									MON	e of Death	W	YEAR	TIME OF DEATN
		4. SOCIAL SECURITY NU		-	1 a acc //a to	4 6 Page 20 1			Laurian		1-		994		1:00 A M
				5. SEX	8. AGE (In yrs. les		IF UNDER	DAYS	HOURS	MIN.	(Mor	E OF BIRTN oth, Day, Year)		6. BIRTNPL. Country)	ACE (State or Foreign
29		227-14-61		1 M 2 - F	76	YRS.						3-191			ginia
3 should	ac l	9e. FACILITY NAME (# not							OR LOCAT	ION OF D	EATN			NTY OF DEAT	
2,	DIRECTOR	1942 Den		коад				und	lalk				Ва	ltimo	re
	ğ.	10a. STATE	10b. COUNT	ry		10c. CIT	Y, TOWN	OR LOCAT	TION					10	d. INSIDE CITY
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permit, Pages	AL	10e. STREET AND NUMBE	R					101	f. ZIP COD	E			10g. CITI	ZEN OF WHA	T COUNTRY?
#	띮	1942 De	nbury	Road					21	222			U.S.	. A .	
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	4 20 12		NT EVER IN U.S. AF		13.	WAS DEC	CENDENT (	OF NISPA	NIC ORIG	IN? (Specify Yes		14. RACE -	American Indien,
e ph	BY I	1 Never Married 2 3 Widowed 4 Di			WAR OR DATES				2 (KNO			riromi, etc.)		Whit	
21215-0020 I or attending physic for use as the burial	ED E		ECEDENT'S EDI	I CATION	10.00										е
121 or affi	2	(Specify of	only highest grad	le completed)	(G	ive kind of	Work done	during mo	ON ost of world	ing	16	b. KIND OF BU	SINESS/IND	USTRY	
D 2 pital od for	2	High Sch		College (1-4 or 5	+)							C			
ANI the hos detach	COMPLET	17. FATNER'S NAME (First,				тре	T II :	spec	Ta Mor		ME /Eirot	Stee		mpany	7
the de de de de de de de de de de de de de	E C	Drummond	A77-170-0-6	opeland								alker	Ournamey		
MARYLAND 21215-0020  Pretained by the hospital or attending physician.  Stabuld be detached for use as the burial-tran notified at once.	00	19e. INFORMANT'S NAME		- Postand		b. MAILING	ADDRES	S (Street e	_			mber, City or Tow	n. Stete. Zio	Code)	
M/ Preta 5 sh	2	Virginia	Co	peland											d 21222
RE, nay be page		20e. METNOD OF DISPOS	ITION		20h PLACE	ANDDATE	OF DISPO	SITION (No	ome of		0.4	TE 20c 10	CATION -	City or Town	State
# 6 may rector, p		1 Burlet 2XXCreme 4 Donation 5 Oth	(0		- Green	metory or o	ther place)	Cre	mat	orv	1-7	7-94	Balt	M	d.
BALTIMORE, MARYLAND 21215-00 to cours after death. Page 6 may be retained by the hospital or attending of in by the funeral director, page 5 should be detached for use as the or removal.  medical examiner must be notified at once.		21. SIGNATURE OF FUNE	RAL SERVICE L	ICENSEE Edis	on M I	Pork	i n 22.	NAME A	ND ADDRE	SS OF FA	CILITY		Dur	,	21222
death. Pag e funeral dir d. examiner		10	QII	1 .	D00083	CIK	Br	adl	ey-	Ashi	ton	Funer	al H	lome,	Inc.
B after by the noval cal		23. PART I. Enter the					2		F.T other other	- C 44			T 8 T		Approximeta
ely fille ration,		shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)		a. DUE TO	O (OR AS A CONSE	HF	F):								Interval Between Onset and Death
2 0 2	z			h.	CL	1A									
P.O. BOX 68: h certificate be execute anding physician and of Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list cond if any, leading to imm	rediats	DUE TO	OR AS A CONSE	OUENCE O	F):								
BOX cate be en hysician s prior to	2	Cause. Enter UNDERL CAUSE (Disease or in		C	111.	36.									
P.O. BC th certificate ending physic I Hygiene price or other tr	E	that initieted events resulting in death) LA	AST	OUE TO	OR AS A CONSE	DUENCE O	F):								
_ ta ta a	5			d											
ECORDS, P.O. BOX 66 juices that the death certificate be executioned by the attending physician and Health and Mental Hygiene prior to bur least any injury, or other traumatic		PART II. Other signifi	cent conditio	ns contributing to	death but not	esulting	in the u	nderlyin	g csuse	given in	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
that the and the any	DICAL				NIST							1 TES 2	4	C	MILABLE PHIOR TO DMPLETION OF CAUSE F DEATH?
ECOF quires that signed the Health a	W 1		E 51												YES 2 NO
AL RE e law req has been Dept. of 123 sho	.: N														
	HYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	11005					LACE OF	EATN (Ch	neck only o	one)			
VIT/ CIAN: The intificate he State or item	Sic	1 VES 2 NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nu		ne 5 🗆 R	esidence	6 🗆 Oth	ner (Specify)			
OF V PHYSICIA this certificantity with the	PH	27. MANNER OF DEATH		28a. DATE Of	F INJURY Day, Year)	28b. Till	IE OF		JURY AT ORK?		28d. DI	ESCRIBE NOW I	NJURY OC	CURED	
	ВУ	1 Natural 5	Pending investigation				M		YES 2 [	□ NO					
O O O S	0	3 Suicide 8	Could not be	26s, PLACE ( building	OF INJURY At he i, etc. (Specify)	me, farm,	street, fac	tory, offic	ce .		28f. LO	CATION (Street	and Number	or Rural Rou	te Number,
	ETE	4 Nomicide	datermined												
Hem He	P		HTIFYING PNYS	SICIAN: To the best o	of my knowledge, de	eth occum	ed at the	time, date	end place	, and due	to the c	euse(s) end ma	nner as stat	ted.	
Q THE	COMPL	one) 2 M	EDICAL EXAMIN	ER: On the beele of	examination and/or	Investigation	on, In my	opinion, d	death occu	red at the	time, da	te and place, er	d dua to th	ne ceuse(s) e	nd manner ee stated.
HAN	ш	296. SIGNATURE AND TIT	LE OF CERTIFIE	ER P	.1				29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNEO (M	onth, Day, Year)
TO THE HOSE DE files within	TO B	an	fly,	Jane	Il m	0.		11511	0	34	71	t9	•	1/6,	194.
0	F	30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAL	JSE OF DEATH (ITE							4,			
		AhHour	Harr	el/ :	2/12.	DU	uda	16.	AVE	-	Pc. 4	da 14.1	Ud.	2/22.	2
- 21		31. DATE FILED (Month, De	() 100/	32. EGISTR	AB'S SIGNATURE		0								
9		JAN 1	U 1994	9	- A September	TOUR									
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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.1 Jours after death, Page 6 ma	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, I	in 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
楚	2	C
Mar.	- 513	36

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI		ITMENT OF I			NTAL HYGIEN	9	4 (	1024	5
	1. DECEDENT'S NAME (First, Middle, Lest)	dith D	unn			2	DATE OF DEATH		44 3	TIME OF DEA	тн И м
	4. SOCIAL SECURITY NUMBER 213-10-6729	5, SEX 1   M 2   F   6. AGE (10 yrs	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	HRS. 7	(Month, Day, Year) OCT 18,	1907	Country)	ACE (State or F	
OR	9a. FACILITY NAME (If not institution, give sin LEVINDALE HEBREV	oet and number) V HOME		96. CITY, TOWN BAL	OR LOCATION TIMORE	OF DEAT			ITY OF DEA		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		10c. CIT	Y, TOWN OR LOCA BALTIMOR	TION E				0d. INSIDE CIT LIMITS?		
ERAL	10e. STREET AND NUMBER 6615 EBERLE DR.	APT. 212		10	of. ZIP CODE 21	215			USA	AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yea, a		Mexican, I	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	Black, Specify:	. RACE American Indian, Black, White, etc. Specify: WHITE	
once. COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary Sycondary (0-12)		Give kind of life. Do NOT u HOUSE	USUAL OCCUPAT work done during m se retired.) WIFE	ION ost of working		AT HOM		USTRY		
COM COM	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN	SCHERR			18. MOTHE	R'S NAME HELE	(First, Middle, Maiden	Surname) FRIE	DMAN		
be notified at once. TO BE COM	190, INFORMANT'S NAME (1900/Print) MRS BETH POZANEK			ADDRESS (Street			te Number, City or Tow.		Code)		
must be	20aXMETHOD OF DISPOSITION 1  Burlel 2  Cremetton 3 Ramo 4  Donetton 5  Other (Specify)	val from State oth		SITION (Name of ca		ory or	20c. LO	CATION	City or Town		
examiner	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A SOL	LEVIN	OF FACIL	& BROS.,	INC.	O., M		215
y, or other traumatic event, the medical examiner must CERTIFICATION	PART / Enter the classace, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Due to (or as a consequence of):  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										Between
5 1	resulting in death) LAST						_				
AN: MEDICAL CE	His Torry 0	F Breast	and	In the underlyle	atic	CAT	T YES 2	RMED?	0	WERE AUTOPSY MAILABLE PRIO COMPLETION OF DF DEATH?	R TO F CAUSE
item SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2	HOSPITAL:	nt 3 🗆 DOA	OTHER:	me 5 Reel		Other (Specify)				
marked, or BY PHYS	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	WE OF 28c. IN	JURY AT PORK? YES 2	2	6d. DESCRIBE HOW	INJURY OC	CURED		
28 is FED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	atreet, factory, off	Ice	2	8f. LOCATION (Street City or Town, State)		or Rural Ro	ute Number,	
COMPLET	one)	CIAN: To the best of my knowledge								end menner as	atated.
E J	Dibal West	len 10			D2	3 76	ER (1)	29d. DAT	E SIGNED	Month, Day, Yea 94	r)
1	DEBLA S WERT	HEIDER	2434	4 W.	BELL	EDI	DE AVE.	B	ALTU.	AZ	R15
	JAN 1 0 1994	Julie Meridon	~ Mande	W.							14

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BALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending physician	meral director, page 5 should be detached for use as the burial-tra	
	hours after dea	filled in by the fu	on, or removal,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.

in. ransit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hor TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial; cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

P	tem # 1 Film # G 707  FOR STATE REGISTRAR		RYLAND /	DEPART		HEALTH AND	MENTA	L HYGIENI REG. NO.	91	1 00246
	1. DECEDENT'S NAME (First, Middle, Last	DAVIS	Leon		nvis		2. DATE	OF OEATH	90	3. TIME OF ORATH
	4. SOCIAL SECURITY NUMBER 218-22-4193	1 🖔 M 2 🗆 F	AGE (In yrs. lest	YRS.	F UNDER 1 YEA	'S HOURS MIN.	FE	B Day 27,	1929	BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	Se. FACILITY NAME (If not institution, give NORTHWEST HOSP) RESIDENCE OF DECEDENT		1	9		ON OR LOCATION OF			9c. COUNTY BAL	OF DEATH TIMORE
DIRECTOR	10a. STATE 10b. COUN MARYLAND	BALTI	MORE	10c. CITY,	TOWN OR LO	CATION CTIMORE		A de la		10d. INSIDE CITY LIMITS? 1  YES 2 X NO
FUNERAL	100. STREET AND NUMBER 8305 LACEWOOD I	ANE				101. ZIP CODE 21208			10g. CITIZEI	N OF WHAT COUNTRY? USA
B¥	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT I FORCES? 1 IF YES, GIVE WAS	YES 2 N	0	If yes	DECENOENT OF HISE , specify Cuban, Mex YES 2 NO Spe	Ican, Puerto		or No— 14	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5 +)	(GA	EDENT'S US to kind of wor Do NOT use in RESIDI	retired.)	ATION a most of working	18	JUDY		IG COMPANY
BE COM	17. FATHER'S NAME (First, Middle, Last) THEODORE DAVIS					18. MOTNER'S BELL		Middle, Maiden	Sumame) ROMA	M
TO B	196. INFORMANT'S NAME (Type/Print) MRS VIVIAN DAVI	S	196.			et and Number or Run EWOOD LAN				
	20a. METHOD OF DISPOSITION 1	movel from State	20b. PLACE A cemetery, B	ND DATE OF	DISPOSITION	I (Name of	1-5-9	7E 20c. LOC 4 BALT	EATION — CITY IMORE,	y or Town, State MD
	21. SIGNATURE OF FLIB MAL SERVICES	igniss:	-			SOL <sup>DO</sup> LEVI LO REISTE				IROE,MD 21215
	23. PART I. Enter the discusse, or shock, or heart failure immediate cause (Finel disease or condition resulting in death)	List only one cause	on each line.	Ine	enter the	Carpone Carrier	uch ss cer	diec or respi	ratory srreat	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEO							
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions Culture Discharge and Cultur	whena		sulting in	the underi	ying cause given	In Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient 3		THER:	Nome 5 Reeldeno				
S				28b. TIME (	NY	INJURY AT WORK?	28d, DE	SCRIBE HOW IN	JURY OCCUP	BED
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26a. DATE OF IN (Month, Day,	Year)		M 1	YES 2 NO				
B₹	1 Natural 5 Pending	(Month, Day,	NJURY — At hor	ne, farm, stre				CATION (Street a or Town, State)	nd Number or	Rural Route Number,
B₹	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined  20e. CERTIFIER (Check only) 1 CERTIFYING PHY	25e. PLACE OF I building, etc	NJURY — At hore. (Specify)	th occurred	et, factory, o	office	City	or Town, State)	ner as stated.	Rural Route Number,
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined  20e. CERTIFIER (Check only) 1 CERTIFYING PHY	(Month, Day, 28e. PLACE OF I building, str	NJURY — At hore. (Specify)	th occurred	et, factory, o	office	lue to the ca	or Town, State)	ner as stated.	Rural Route Number,

DHMH-16 Rev 1/89

A REGISTRAR'S SIGNATURE

1 0 1994

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PERFORMAN

BALLIMONE, MANILAND 21213-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be full within 72 hours after death with the State Dent of Health and Mental Horiene prior to burial cremation or removal.	he medical examiner must be notified at once.
Division of the neconds, r.o. Box 68160,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the itself within 72 hours after death with the State Peor of Health and Mental Hydiene brior to burial, creation or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MA		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	94 002	247			
	RGARET	H.B. 1	DIEHL	2. DATE OF GEATH DAY	1994 11°	GEATH 45A			
4. SOCIAL SECURITY NUMBER  389-05-0525  9a. FACILITY NAME (If not institution)	1 M 2 XXX	AGE (In yrs. lest birthday) 80 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF		6. Birthplace (State Country)  113 Nehraska 9c. COUNTY OF DEATN Baltimore Co	br Foreign			
RESIDENCE OF DECED	RESIDENCE OF DECEDENT								
100. STREET AND NUMBER 124 Compass F		101. ZIP CODE 10g. CITIZEN OF V 21220 USA							
11. MARITAL STATUS  1 Never Married 2 Marr  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1  IF YES GIVE WAR	YES 2 X NO	13. WAS OECENOENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 NO Spe	can, Puarlo Rican, etc.)	r No- 14. RACE — American Black, White, atc. Specify: Whit				
(Specify only high Elementary/Secondary (0-12)	rt's EDUCATION lest grade completed)  College (1-4 or 5+)  4 VIS.	(Give kind of work done during most of working  College (1-4 or 5+)  4 yrs.  (Give kind of work done during most of working  Iffe. Do NOT use retired.)  Education							
17. FATNER'S NAME (First, Middle, Peter Badgero  19a. INFORMANT'S NAME (Type/P	on	state 7in Code							
	Rutherford D. Diehl  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Rutherford D. Diehl  124 Compass Rd. Baltimore, Md. 21220								
20a, METHOD OF DISPOSITION	20a. METHOD OF DISPOSITION XIX Burial 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piece)  20c. LOCATION — City or Tow								
21. SIGNATURE OF FUNERAL SET	PRINCE LICENSEE  Description	9	Lassahn Fune 7401 Belair	ral Home		9110			
23. PARTy. Enter the disease shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Advance	on eech line.	head of Pancr		Interv	eximate al Between and Dear			
	Sequentially list conditions, if any, leading to immediate  Cancer Cachexia  Due to (on as a consequence of):  Multiple abdominal metastasis								
CAUSE (Disease or Injury that initiated events resulting in death) LAST	< a	R AS A CONSEQUENCE OF)							
PART II. Other algorificant co	onditions contributing to de	eath but not resulting in	the underlying cause given	in Part I. 24a. WAS AN AI PERFORM	EO? AMILABLE PI	RIOR TO OF CAUSE			
25. WAS CASE REFERRED TO ME									
EXAMINER?	HQSPITAL:		26. PLACE OF DEATN ( OTHER: 4 □ Nursing Home 5 □ Rasidence						
27, MANNER OF DEATH  1 Netural 5 Pend 2 Accident Inves	26a. DATE OF IN. (Month, Day, tigation		28d. DESCRIBE HOW INJ	URY OCCURED					
3 Suicide 6 Could	d not be mined 28a. PLACE OF II building, atc	NJURY — At home, farm, st :. (Specify)	reet, factory, office	261, LOCATION (Street and City or Town, State)	d Number or Rural Route Number,				
anal			f at the time, date and place, and d , in my opinion, death occured at t			as stated.			
29b. SIGNATURE AND TITLE OF	Lower	STRFF S	URGEON DI	7005	29d. DATE SIGNED (Month, Day,	(6ar)			
GOPAL (	P 3	OF DEATH (ITEM 27) (Type, I	Frankl	Più S Sere	ne liesforta	ė.			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE

GOPAL GURUS W.

31. DATE FILED (Month, Day, Year)

JAN 1 0 1994

JAN 1 0 1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	4 DECEDENTIS MANE /First Middle 1	-eth	CENTIFIC	ATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Li	A 7 .	rds		2. DATE OF DEATH MONTH D	4000 - 4	B 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTNPLACE (State or Fore
ч	245-13-3194	1 - M 2 DF 3	O YRS.	NTHE DAYS HOURS MIN.	(Month, Day, Year)	963 0	N.C.
œ	Se. FACILITY NAME (If not institution, g	ive street end number)	96	CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY O	OF DEATH
OT.	RESIDENCE OF DECEDENT	ttuspital		Dalto			
DIRECTOR	10a. STATE 10b. COL	JNTY	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER			Da tu Cu.		10a CITIZEN C	1 TYES 2 N
FUNERAL	Du -11 13	raas Circle		21244	(	109. 01.112.11	U.S.A
N N	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO	13. WAS DECENDENT OF NISPA		8	IACE — American Indian Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TYES 2 ND Speci		s	pecty Black
G	15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S USU	JAL OCCUPATION done during most of working	16b. KIND OF BU		
LET	Elementary/Secondary (0-12)	College (1-4 or 6+)	He. DO NOT USB TO	tired.)	Batto (	ity Pu	ublic Scho
COMPL	17. FATHER'S NAME (First, Middle, Last)	442	jeu		AME (First, Middle, Maiden	Surname)	
ш	Randolph Se	SSOMS		Annie	Mae E	duond	6
TO B	190. INFORMANT'S NAME, (Type/Print)	T. 1		DRESS (Street end Number or Rural	Route Number, City or Tow	n, State, Zip Code	27
	HAM PIAC	10Whsend	41/8	WIGGINS MI	DATE 20c. LO	CATION - City o	IV, C,
	1 Denriel 2 Cremation 3 F		tory Cramatory or other	place) /Y	1/1/94 /	lilson	N.C.
	21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE	<u> </u>	22. NAME AND ADDRESS OF F	West	7,30,7	
	Duni	2 D. Aco	U	March F. H.	Wahash	Ave	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. INTVA	CVCLLA CO	1 Hemor	rhage		interval Be Onset and 18 A
<b>TIFICATION</b>	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS A (	CONSEQUENCE OF):	1 Hemor	rhage		Onset and
RTIFI	disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b DUE TO (OR AS A (	CONSEQUENCE OF):	1 Hemor	rhage		Onset and
AL CERTIFI	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b OUE TO (OR AS A C	CONSEQUENCE OF):  CONSEQUENCE OF):				Onset and 18 h
AL CERTIFI	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b OUE TO (OR AS A C	CONSEQUENCE OF):  CONSEQUENCE OF):		Part i. 24a. WAS AN	RMED?	24b. WERE AUTOPSY FII AVAILABLE PRIOR TO OF DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b OUE TO (OR AS A C	CONSEQUENCE OF):  CONSEQUENCE OF):		1 Part I. 24a. WAS AND PERFOI	RMED?	24b. WERE AUTOPSY FINANLLABLE PRIOR TO COMPLETION OF COF DEATH?
AN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.	b. OVE TO (OR AS A Company of the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributing to deeth but the contributions are contributions are contributions.	CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in the	he underlying ceuse given ir 26. PLACE DF DEATH (C	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINANLLABLE PRIOR TO COMPLETION OF COF DEATH?
SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO	DUE TO (OR AS A C  OUE TO (OR AS A C  d.  tions contributing to deeth bu	CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in the second of the	he underlying couse given in	1 Part I. 24a. WAS AN PERFOI 1 A PES 1	RMED?	24b. WERE AUTOPSY FIN ANALLABLE PRIOR T COMPLETION OF C
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A C  OUE TO (OR AS A C  d.  tions contributing to deeth bu  HOSBITAL:	CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in the second of the	the underlying couse given in  28. PLACE DF DEATH (C) THER: Nursing Home 5   Residence F, 28c. INJURY AT WORK?	1 Part I. 24a. WAS AN PERFOI 1 A PES 1	MED?	24b. WERE AUTOPSY FINANILABLE PRIOR 1 COMPLETION OF COF DEATH?  1 YES 2 N
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation of the conditions of the condi	DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C  d.  DUE TO (OR AS A C  d.  HOSBITAL: 1 Propertent 2 = ER/Outpet  28e. DATE DF INJURY (Month, Dey, Veer)  28e. PLACE OF INJURY	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE DF):  t not resulting in the state of the state	26. PLACE DF DEATH (C THER: Nursing Home 5 Reeidence F WORK? M 1 YES 2 NO	Part i. 24a. WAS AN PERFOI 1 A VES 1	NJURY OCCURE	24b. WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION OF COF DEATH?  1 YES 2 N
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	b. OUE TO (OR AS A C.  OUE TO (OR AS A C.  OUE TO (OR AS A C.  OUE TO (OR AS A C.  d.  L HOSPITAL:  1 Dinpetient 2 ER/Outpet  28e. DATE DF INJURY (Month, Day, Year)  be be be 128e. PLACE OF INJURY	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE DF):  t not resulting in the state of the state	26. PLACE DF DEATH (C THER: Nursing Home 5 Reeidence F WORK? M 1 YES 2 NO	Part i. 24a. WAS AN PERFOI 1 A YES 2 heck only one)  6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	24b. WERE AUTOPSY FIT AWAILABLE PRIOR TO OF DEATH?  1 YES 2 N
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending investigations of the conditions of the cond	b. OUE TO (OR AS A C.  OUE TO (OR AS A C.  OUE TO (OR AS A C.  OUE TO (OR AS A C.  d.  L HOSPITAL:  1 Dinpetient 2 ER/Outpet  28e. DATE DF INJURY (Month, Day, Year)  be be be 128e. PLACE OF INJURY	tent 3 DOA 4 tent of injury	26. PLACE DF DEATH (C THER: Nursing Home 5   Reeldence F YORK? M 1   YES 2   NO pt, factory, office	Part I. 24a. WAS AN PERFOIL  1 A VES 2  beck only one)  6 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)	NJURY OCCURE	24b. WERE AUTOPSY FIT AWAILABLE PRIOR TO OF DEATH?  1 YES 2 N
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are suiting in death and the sequence of the	DUE TO (OR AS A C  OUE TO (OR AS A C  c.  DUE TO (OR AS A C  d.  tions contributing to deeth bu  L HOSBITAL: 1 Princetlent 2 ER/Outpat  28e. DATE DF INJURY (Month, Day, Year)  be building, stc. (Specification)	tient 3 DOA 26b. TIME O INJURY	he underlying ceuse given in  28. PLACE DF DEATH (C THER: Nursing Home 5   Reeldence F Y WORK? M 1   YES 2   NO pt, fectory, office	1 Part I. 24a. WAS AN PERFOIL 1 A TES 2  beck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCURE	24b. WERE AUTOPSY FINANALABLE PRIOR TO OF DEATH?  1 YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are suiting in death and the sequence of the	DUE TO (OR AS A C.  DUE TO	tient 3 DOA 4 to injury  At home, term, streety)	he underlying ceuse given in  28. PLACE DF DEATH (C THER: Nursing Home 5   Reeldence F Y WORK? M 1   YES 2   NO pt, fectory, office	1 Part I. 24a. WAS AN PERFOUND TO THE STATE OF THE STATE	NJURY OCCURE	24b. WERE AUTOPSY FINANILABLE PRIOR I COMPLETION OF COF DEATH?  1 YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation of Could not determine (Check only One) 2 MEDICAL EXAMINER (Check only One) 2 MEDICAL EXAMINER AND TITLE OF CERT	DUE TO (OR AS A C  DUE TO (OR AS	tient 3 DOA 4 to 1 NJURN  At home, term, streety)  At home, term, streety)  Resident occurred a end/or investigation, is	28. PLACE DF DEATH (C) THER:  Nursing Home 5   Reeldence F 28c. INJURY AT WORK? M 1   YES 2   NO pt, fectory, office  It the time, date end place, end du n my opinion, death occured at the	1 Part I. 24a. WAS AN PERFOUND TO THE STATE OF THE STATE	NJURY OCCURE	Onset and 18 /1 24b. WERE AUTOPSY FIR AMALABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation of the condition of the	DUE TO (OR AS A C.  DUE TO	tient 3 DOA 4 to 1 NJURN  At home, term, streety)  At home, term, streety)  Resident occurred a end/or investigation, is	28. PLACE DF DEATH (C) THER:  Nursing Home 5   Reeldence F 28c. INJURY AT WORK? M 1   YES 2   NO pt, fectory, office  It the time, date end place, end du n my opinion, death occured at the	1 Part I. 24a. WAS AN PERFOUND TO THE STATE OF THE STATE	NJURY OCCURE	24b. WERE AUTOPSY FIT AMAILABLE PRIOR COMPLETION OF COF DEATH?  1 YES 2 N



		certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.
		t permit. Page
0000	SICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital or attending physician.	he burial-trans
21215	pital or attendi	od for use as t
BALTIMORE, MARYLAND 21215-0020	ed by the hos	wid be detached
DRE, MA	may be retain	or, page 5 sho
ALTIMO	death. Page 6	e funeral direct
8	nours after	certificate has been signed by the attending physician and completely filled in by the the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
PE VITAL RECORDS, P.O. BOX 68760,	xecuted within	and completely burial, cremat
.о. вох	certificate be e	Jing physician lygiene prior to
ORDS, P.	that the death	d by the attend
IL RECC	law requires 1	as been signe Dept. of Heafth
OF VITA	HYSICIAN: The	is certificate h
VISION OF	ATTENDING PI	ECTOR: After the safter death w
ā	TO OR	RAL DIRE
6	HE TOP	and within

PORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		OLITIII	ICATE OF	DEAIII	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) Patricia Fleisch	ma la n				2. DATE OF DEATH MONTH D	2. DATE OF DEATH MONTH DAY YEAR 9 4 8:32			
	4. SOCIAL SECURITY NUMBER			- UNIVERSITY OF			5 7			
	22° -36-5205		GE (In yrs. lest birthday)  The state of the	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 9 - 1 9 4 (	, ,	BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWN	OR LOCATION OF I		9c. COUNTY	or prath		
00	Francis Scot	tt Kov			imore					
6	RESIDENCE OF DECEDENT	L L KCy		Dait	Dartimore					
B	10a. STATE 10b. COUNTY	1	10c, CIT	TY, TOWN OR LOCATION 10d. INSIDE CITY						
DIRECTOR	Md. Bal	timore		Dunda1	ıdalk 1□ yes 2 💢 N					
4	10e, STREET AND NUMBER			3	Of, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	2022 Holborn	Rd.	ule		21222		U.S	. A .		
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DI	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES, GIVE WAR OF		1 Tyes, 1	S 2 NO Spec	an, Puerto Rican, etc.) Hy:		Specify: White		
9	15. DECEDENT'S EDU		18a. DECEDENT'S	USUAL OCCUPAT	TON Tost of working	16b. KIND OF BU	SINESS/INDUST	TRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ost or working					
립	12th		House	wife		5 1 N S &		T-100 - 100 - 100		
8	17. FATHER'S NAME (First, Middle, Last)		noase		18. MOTHER'S N	AME (First, Middle, Malden	Sumamal			
	James J. What	lan				Reightle				
H		LCII								
٩	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
	Robert A. Fle					Baltimore				
	20a, METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Rem  4 Donation 8 Other (Specify)		20b. PLACE AND DATE cemetery, crematory or o	ther place)		1 /		ty or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	PENDEE	Garriso	n Fore	S T	1/12 Ba	ltimo	re. Md.		
	21. SIGNALORE OF FORENAL SERVICE LIC	ENSEE		Con	nelly F	uneral Ho	me of	Dundalk		
	- ( net ( n	melly	/	100				timore 21222		
	23. PART i. Enter the diseases, or o		sed the death. Do	not enter the m	ode of dulna au	ch se cerdies or man	leeton amost	Approximate		
	shock, or heert failure. List only one ceuse on each line.  Interval Between Onset and Death of the condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b.   Hypoxia  DUE TO JOR AS A CONSEQUENCE OF):  DUE TO JOR AS A CONSEQUENCE OF):  DUE TO JOR AS A CONSEQUENCE OF):									
	PART II. Other significent condition	s contributing to deet	h but not resulting	In the underivi	na ceuse aiven ir	Part i. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL	MURINIA	ir Pystro	oh			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă		1 10 = 0	Y			1 YES 2	□ NO	OF DEATH?		
M	D. a.	beter N	12/1.75					1 - YES 2 NO		
ä										
Ĭ X	25. WAS CASE REFERRED TO MEDICAL.			26.	PLACE OF DEATH (C	heck only one)				
Sic	1 TES 2 NO	NOSPITAL:	Outpatient 3 DOA	OTHER:	me 5   Residence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes		IE OF 28c. II	JURY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED		
BY	2 Accident Investigation	28a, PLACE OF INJI	URY — Al home, ferm,		YES 2 NO	281. LOCATION (Street	and Number or I	Bural Bouta Mumbar		
TED	4 Homicide 8 Could not be determined	building, atc. (\$	Specify)			City or Town, State,		and the state of t		
COMPLETED	enal	CIAN: To the best of my ki						suse(a) and manner as stated,		
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER  Paring of terren	· Med	ical Res	dent	29c. LICENSE NU	1192	29d, DATE SI	GNED (Month, Day, Year)		
Ĭ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	HKer	Med Eli	ter			
	31. DATE FILEO (Month, Day, 1647)	Julie Kind	MATURE DA							

FOR STATE REGISTRAR

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ST	ATE OF	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			E	RTIFICATE	0	F DEAT	TH		BEG NO

	DECEDENT'S NAME (First, Middle, Last)	Fogg	35.							2. DATE OF DEATH DAY YEAR			
3	218-36-6960	5. SEX	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS HOURS MIN.		E OF BIRTH		S. BIRTI	1:30 Pm   PLACE (State or Foreign   Pl   Carolir	
. 1	ETANCIS SCOTT RESIDENCE OF DECEDENT						DR LOCATION OF		, 23, 13		INTY OF D		
	0e. STATE 10b. COUNT			10c. CIT	Y, TOWN C	R LOCAT	TION					10d. INSIDE CITY LIMITS?	
	North Carolina Oo. STREET AND NUMBER			1	Hend		ZIP CODE			10g. CIT	IZEN OF V	YES 2 NO	
	1801 Williow L	ane					275	36			USA		
111	1. MARITAL STATUS  Never Married 2 Merried  Widowed 4 X Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 21			If yes, sp	ENDENT OF HISP ecity Cuben, Max 2 NO Spe	Ican, Puarto			Spec		
F	15. DECEDENT'S EDU	CATION	18a D	FCEDENT'S	IISHAL O	CHIDATIC	- L	1 10	A KIND OF BUILD			o-American	
1		(Specify only highest grade completed) (Give kind of work done during most of working											
	7. FATNER'S NAME (First, Middle, Last) Eddie Fogg, Sr		1114	- 5				NAME (First,	Middle, Maiden	Sumame)			
	Da. INFORMANT'S NAME (Type/Print)		11	b. MAILING	ADDRESS	(Street a	nd Number or Run			, State, Zi	p Code)		
-	Percy Fogg						lew Re						
3	☐ Burial 2 ☐ Cremation 3 ☐ Rem ☐ Donation 6 ☐ Other (Specify)	ematory or other place) ing Cemetery					Pranklin CO. N.C.						
2	1. SIGNATURE OF FUNERAL SERVICE LI	L RW	-		Jo	sep	oh I. I	Russ	Funer	a1	Home	21216	
	shock, or heart fellure.  MMEDIATE CAUSE (Final disease or condition esuiting in death)  Sequentially list conditions, f any, leading to immediate lause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F:	ori.	r					Interval Between Onset and Death S day	
	PART II. Other algnificent condition  Bleeking Elo  Renol Failur	_			in the un	derlyin	g cause given	in Part 1.	24a. WAS AN PERFORE 1 YES 2	MED?	245	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
2	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PSS 2 NO	HOSPITAL:			OTHER	₹:	ACE OF DEATH						
2	7. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 2	INJURY	28b, TIN	_	28c. INJ WO	URY AT IRK?	_	er (Specify)	VJURY OC	CURED		
	2 Accident Investigation 3 Suicide 6 Could not be datermined	28e. PLACE Of building,	FINJURY — At h	ome, farm,	street, fact	ory, offic		281. LO	CATION (Street a y or Town, State)	nd Numbe	or or Rural i	Route Number,	
2	9a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											a) and manner as stated.	
2	96. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE N	IUMBER				(Month, Day, Year)	
	Steplen A Villano					110	600 N V	volte 1	4 B-14	imom	e MD	5/302	
	JAN 1 0 1994	fulle de											

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0, BALTIMORE, MARYLAND 21215-0020	AN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	utificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	remation, or removal.	int, the medical examiner must be notified at once.	
OF VITAL RECORDS, P.O. BOX 68760,	The JAN: The law requires that the death certificate be executed w	this principle has been signed by the attending physician and comp	will be state Dept. of Health and Mental Hyglene phor to burial, cremation, or removal.	sed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
NOWINIO	TO THE HOSPITH OR ATENDIA	TO THE FUNERAL DIRECTED Affor II	be filed within 72 hours shart wath	IMPORTANT: If Ihem 28 is mark	STATE OF THE PARTY

31. DATE FILED (Month, Day, Year)

JAN 10 1994

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIE	116	4 00251					
1. DECEDENT'S NAME (First, Middle, L		KoV	20		2. DATE OF OEATH MONTH		3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 219 35 2860	1 M 2 🗆 F	86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) AUGUST	907	BIRTHPLACE (State or Foreign Country) RUSSIA					
96. FACILITY NAME (If not institution, of STNAI HOSPITAL RESIDENCE OF DECEDEN		96. COUNTY OF OEATH BALTIMORE 96. COUNTY OF OEATH										
10a. STATE 10b. CO MARYLAND BAI			, town or local STERSTO			10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
109 BROOKEBURY  1. Mariful Status	DR., APT 1-C		101	21136		10g. CITIZEN RUS	OF WHAT COUNTRY?					
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, sp		IIC ORIGIN? (Specify ) in, Puerto Rican, etc.) /:	res or No 14.	RACE — American Indian, Black, White, stc. Specify: WHITE					
15. DECEDENT'S (Specify only highest to the secondary (0-12)  9  17. FATHER'S NAME (First, Middle, Last	EDUCATION grade completed) College (1-4 or 5 +)	16s. DECEDENT'S (Give kind of with Do NOT use TAILOR	USINESS/INDUS	TRY								
17. FATHER'S NAME (First, Middle, Last FALIK	GOLDENSHTEYN			18. MOTHER'S NA NECH	ME (First, Middle, Maide A	on Surname) RED	ENSKYA					
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  MRS MARINA SIDELNICKOV  114 BROOKEBURY DR. REISTERSTOWN, MD 21136												
305/METHOD OF DISPOSITION	200. PLACE AND DATE OF DISPOSITION   OATE   200. LOCATION — City or Town, State   Chemetery, cremetery, or other place   ARLINGTON (CHIZUK AMUNO)   1/7/94   BALTIMORE, MD											
21. SIGNATURE OF FUNERAL SERVICE		AKBINGIO	SOL I	D AGORESS OF FA		INC.						
23 PART i Enter the disesses shock, or heart fail immediate CAUSE (Final disesse or condition resulting in death)	s. Nu merc	eech line.	orania)	de of dying, suc	h as cardiec or res							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	bue to (or as a consequence of):  b. metastatic cancer to the brain  DUE TO (OR AS A CONSEQUENCE OF):  c. UNKNOWN Primary cancer  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificant cond	titions contributing to deeth	but not resulting in	n the underlyin	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)							
remoral 5 Pending	1   Inpetient 2   ER/Outpetient 3   DOA 4   Nursing Home 5   Residence 6   Other (Specify)											
A Districted and	t be 28s. PLACE OF INJUR	RY — Al home, farm, secify)	treet, factory, offic		281. LOCATION (Stree City or Town, Sta	et and Number or i te)	Rural Route Number,					
000)	HYSICIAN: To the best of my kno MINER: On the basis of examinati						suse(a) and manner as stated.					
IMANA	BONE	MD PhD	PGY-I	29c. LICENSE NUI	MBER		GNED (Month, Day, Year) NUARY 5 1994					
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type,		27701 00	RAITME		12					

3. TIME OF DEATH

Approximate interval Between Onest and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

31. DATE FILEO (Month, Day, Year)

JAN 10 1994

		Long	Girbery							MONTH DAY YE			2230
		4. SOCIAL SECURITY NUMBER 215-10-526		5. SEX - 6.	AGE (In yrs. las		UNDER 1	YEAR IF UN	DER 24 HRS.	(Month, Day, Yeller) Cod			PLACE (State or Foreign
pno		9a. FACILITY NAME (If not in			0.5		CITY, T	OWN OR LOC	ATION OF DE	2-9-191	_	MD NTY OF DI	FATH
2, 3 should	OR	SINAI HOSF	SINAI HOSPITAL BALTIMORE										
Pages 1.	DIRECTOR	10a. STATE	10b. COUNTY			10c. CITY, YOWN OR LOCATION 10d. INSIDE CITY							
		MD	BALT	IMORE		BALTIMORE							LIMITS?
it permit.	RAL	3700 SEVEN	MTTE	מארו א ביולא	D 2			101. ZIP C			10g. CIT		HAT COUNTRY?
cian.	FUNERAL	11. MARITAL STATUS	VER IN U.S. AR						es or No-	USA No. 14. RACE — American Indian.			
215-0020 attending physician. se as the burial-transit	BY	1 Never Married 2 3 3 Widowed 4 Divo	F115 311	FORCES? 1 T	YES 2 1	2 NO It yes, specify Cuban, Maxican, Puarto Rican, etc.)						Specili Specili	, White, atc.
Se at 21	ETED	15. DEC (Specify only	/G	CEDENT'S US ive kind of work Do NOT use n	done du	UPATION ing most of wo	orking	16b. KIND OF E	USINESS/INI	DUSTRY			
D 21 spital or ed for u	12	Elementary/Secondary (0-12) College (1-4 or 5 +)				SALES LADY HECHT'S DE						סייוי כי	TOOP
AND the hospital detached for once.	COMPL	17. FATHER'S NAME (First, M		IDLO II	- TOI	18. M	OTHER'S NAI	ME (First, Middle, Maid		1	TOKE		
2 8 8 E	BE	ABRAHAM	ND ND				SARA				RKIN		
MAR retained to 5 should notified	2	19a. INFORMANT'S NAME (7								loute Number, City or Th			
ay be page		MR. ALAN G	ION			NDDATEOF			LA, A	PT.B3; B	ALTO, N OCATION —		21208 wn. State
e 6 m ector,		1 Burial 2 Cremetto 4 Donation 5 Other		of from State	cemetery, cre	stery, crematory or other place) ZEMECH SEDEK VE SHOMREI HADATH BALTIMORE, MD							
ALTIMOR death. Page 6 m funeral director,		21. SIONATURE OF FUNERA	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
		6010 REISTERSTOWN RD, BALTO, MD 21215											
in by reme		23 PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock/or heart failure. List only one ceuse on each line.  Approximate interval Betw											
ion, ion		IMMEDIATE CAUSE (Finel										Oneat and Ds	
the the		resulting in death)	<b>→</b> a.	DUE TO (OR	AS A CONSE	DUENCE OF):	they moniq 5 de					15 day	
68760 coecuted with and comple burial, crei	Z	Sequentially list conditions, on Cerebrouxscular Accident										8 day	
DX be en cian a cor to	ATIC	if any, leading to immediate. Enter UNDERLY	diate	DUE TO (OR	AS A CONSEC	DUENCE OF):							/
O. B. ertificate ing physione	임	CAUSE (Disease or Injury thet initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
P the	CERTIFICATION	resulting in death) LAS	T d.	d									
DS, the dea d Menta Injury.	1	PART II. Other significe	nt conditions	contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 2:						24b.	WERE AUTOPSY FINDING		
That that any any	EDICAL	Lardida	non	by asie	st to	albun	79	950/	ation	PERF	ORMED? 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
quires quires n sign f Heal	ME	Cerebrava:	scular	Acadent	foll	suma	7	pollow	sulmon	ay			1 TYES 2 NO
L law law bept.	Ä	arrest					)			/			
OF VITAL I PHYSICIAN: The law this certificate has by with the State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	-	HOSPITAL:	(Outpotiont 2		THER:		F DEATH (Che				
SICIAL SI	H	27. MANNER OF GEATH		26a. DATE OF INJ	URY	28b. TIME C	F 2	Bc. INJURY AT WORK?		6 Other (Specify)  28d. DESCRIBE HOV	INJURY OC	CUREO	1
PHYS Mare this death with	BY F		Pending Investigation	-			М	1 TYES	2 🗌 NO				
after de	8		Could not be	28a. PLACE OF IN building, etc.	IJURY — At ho . (Specify)	ma, farm, stre	et, fector	y, office	10	281, LOCATION (Street City or Town, Sta		r or Rumal R	oute Number,
Hours a	9	29a. CERTIFIER	IEVING BUVEIG	AN: Ye the heat of my	beautidos di						and the second		
E EZ E	COMPL	2001		AN: To the best of my On the basis of exam									) and menner as stated.
TO THE HOSPITA TO THE (UNERAL De filed Within 72	E CC	296. SIGNATURE AND TITLE				, [			LICENSE NUM				(Month, Day, Year)
OTHE OF THE PORT O	TO B	/~~	1	Medi	cal	tute	3				•	1/4/	94
	F	36. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUSE O	OF DEATH (ITE	M 27) (Type, Pr	nt)	1				1	
	1	YANN =	Jevich	100	1 -	10011	1.18	1101	al				

AFGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

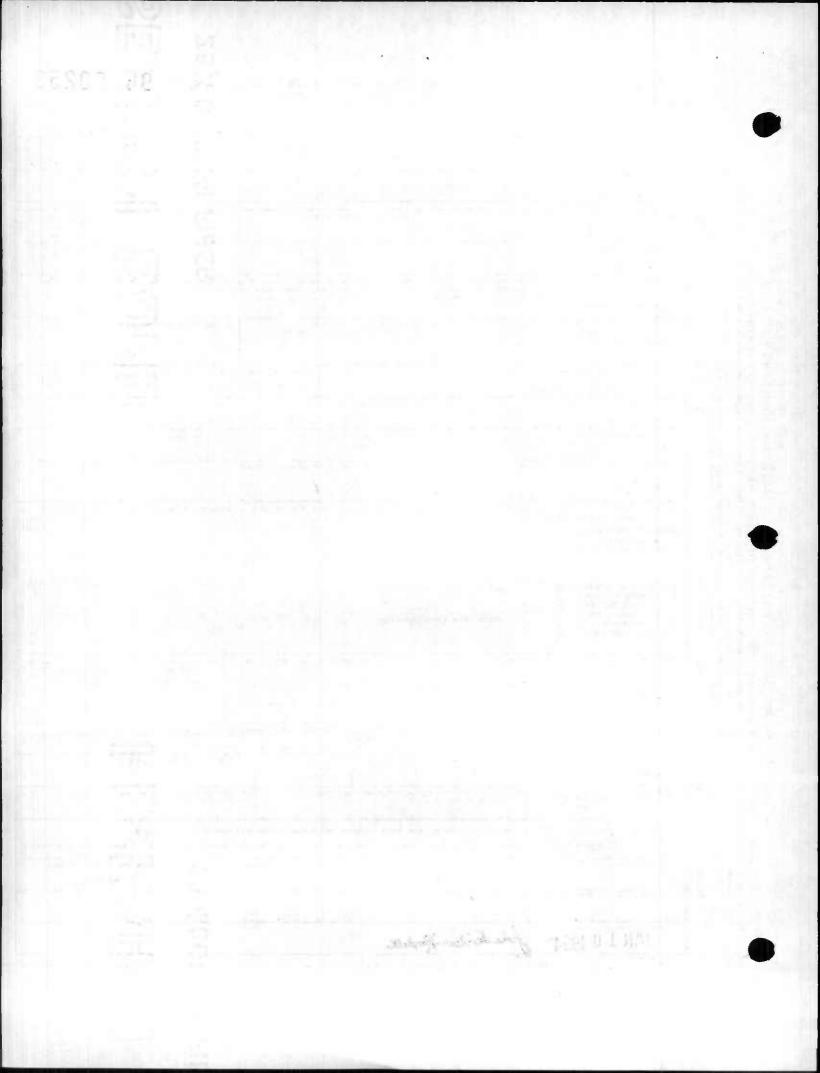




THE HIGSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending	TO THE PLINETAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
. The law requires that the death certificate be executed within	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inequality of temporal. In the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certific the first with the St	IMPORTANT: If item 28 is marked, or it

9	4	0	0	2	5	3

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	E 94	00253
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	VEAR.	3. TIME OF DEATH
	Robert W.		Grun	dman		Jan. 4	1994 YEAR	6:45 A M
-	4. SOCIAL SECURITY NUMBER 212-09-9349		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 7/16/13	Coun	HPLACE (State or Foreign try)
	9s. FACILITY NAME (If not institution, give s	1)(XM 2 □ F   80						ltimore, Md.
DIRECTOR	Easton Memorial			Eastor	R LOCATION OF DE	EATH	ec. COUNTY OF I	
E	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION	THE WATER	10d. INSIDE CITY LIMITS?	
		Anne	Gras	sonville				1 - YES 2 NO
FUNERAL	Rt. 2 Box 466			101	21638			WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NIIS ARMED	12 WAS DEC		IIC ORIGIN? (Specify Yes	USA	E American Indian,
B	1 Never Married 2 Merried 3 X Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO II yes				n, Puerto Ricen, etc.)	Spec	ck, Whits, etc.
ETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16s. DECEDENT'S U	vík done durina mo	N at of working	16b. KIND OF BUS	SINESS/INDUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use					
COMPL	17. FATHER'S NAME (First, Middle, Last)		Electric	clan	18 MOTHED'S NA	ME (First, Middle, Malden	Surnamal	
	Frederick Grundma	n				chleberger		
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a		Route Number, City or Tow.		
F	Robert R. Grundma	n	3935	Main St	. Graso	nville, Mo	1. 21638	
	20s.,METHOD OF DISPOSITION    Burisi 2   Cremstion 3   Rem 4   Donstion 5   Other (Specify)	oval from State 201	p. PLACEAND DATE OF netery, cremetory or oth Parkwood	DISPOSITION (Na er place)			cation — city or T timore.	
	21. SIGNATURE OF FUNERAL SERVICE LIC				D ADDRESS OF FA	CILITY		
	Dassaan	Funoral	domo	Lassa   7401	hn Funer Belair B	al Home d. Baltimo	re. Md.	21236
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A BUE TO (OR AS A	ech lina.		se or dying, suc	n aa cardiac Dr reapi	ratory arrest,	days  days
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEDUENCE OF	:				uays
PHYSICIAN: MEDICAL	Dementa Recalinsu	ASCUP	out not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 ND
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
YSI	1 TES 2 ND	1 Inpetient 2 ER/Out	petient 3 DOA	4 - Nursing Hom		6 ☐ Other (Specify)		
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	/ — Al home, farm, st clfy)	reet, factory, offic		281. LOCATION (Street a City or Town, State)		Route Number,
COMPLETED	(Oraboti Oray)	ICIAN: To the best of my know ER: On the basis of exemination						s) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CENTIFIE	TISEK	Zuis		D 100	166	29d, DATE SIGNE	Month, Day, Year)
É	30. NAME AND ADDRESS OF PERSON WH						L	
	Ann Webb M.D. 6 31. DATE FILED (Month, Day, Year) JAN 1 0 1994	Dutcimans  32 REGISTRAR'S SIGN  FUNE TENICS	Lane VATURE	Easton	Md.	21601	1	



TO BE COMPLETED BY FUNERAL DIRECTOR

1	-	FOR STATE REGISTRAI
1	, D	ECEDENT'S N

FOR	3,27 PER ME STATE OF I				ne i	HEALTH AND	MENT	AL UVCIEN	94	0	0254
- STATE REGISTRAR	OINIE OI	· · · · · · ·	CERTIF	CATE	OF	DEATH	MICIAI	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) VENCE	Ε.			(	GEN'	TRY	MON	TE OF DEATH	-	/EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS.	0 1	E OF BIRTH		_	9:29 P.M ACE (State or Foreign
246-46-6588	6-46-6588 1 M M 2 F 50 VBC MONTHS DAYS HOURS MIN. (Month, Day, Year)										
9a. FACILITY NAME (If not institution, give :	street and number)	30		9b. CITY	. TOWN	OR LOCATION OF		4-1935	9c. COUNT		<u>h Caroli</u>
GOOD SAMARITAN		AL				IMORE (		•			•••
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT											
Md				tim.							Od. INSIDE CITY LIMITS?  X YES 2 NO
100. STREET AND NUMBER 5153 Darien Roa	a d				10	7. ZIP CODE 21206			U.S.		AT COUNTRY?
11, MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S.	ARMEO	13.	WAS DEC	CENDENT OF HISP	ANIC ORIG	IN2 (Specify Ver			American Indian
1 Never Married 2 Married 3 Widowed 4 Divorced		YYES 2			If yes, sp	Decity Cuban, Maxi	con, Puert	o Ricen, atc.)		Black, V Specify: Vhit	American Indien, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION (completed)	160.	DECEDENT'S (Give kind of w				10	5b. KIND OF BUS			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Truck	e retired.)				Own B	ugina		
17. FATHER'S NAME (First, Middle, Last)			TTUCK	. DI	TVE	7	AME /Circl	, Middle, Meiden		255	
Ernest Gentry						Mildr			Jumame)		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street	and Number or Rura			n. State. Zio C	ode)	
Mary Haught						lonica					222
20e. METHOD OF DISPOSITION 1 Burlel 2 XCremation 3 Rem	oval from State	20b. PLAC	E AND DATE O	F DISPOS	ITION /N/	ame of	04	TE 20c. LO	CATION - CI	v or Town	State
4 Donation 5 Other (Specify)	CENCES.	Gre	enMou			matory					
21. SIGNATURE OF FUNERAL SERVICE LI	Ediso	on M. DOO			bra	dlev-A	shto	on Fun	eral	Hom	1222 e, Inc. more, Md
23. PART I. Enter the diseases, or	compilcations the	t caused tha	daath. Do n								Approximata
ahock, or heert feilure.  IMMEDIATE CAUSE (Final	List only one car	use on each li	na,								Onset and Death
disease or condition resulting in death)	ARTERIO	SCLEROTI	C CARDI	OVASC	III AR	DISFASE					
recording in accum		(OR AS A CONS			027111	DIOLINOL					
Conventiative that any distance	b										
Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONS	SEOUENCE OF	):							
CAUSE (Disease or injury	C										
that initiated events reaulting in deeth) LAST	OUE TO	(OR AS A CONS	SEQUENCE OF	):							
	d										<del> </del>
PART ii. Other eignificant condition	ne contributing to	deeth but no	t reculting i	n the ur	derlyin	g ceuee given i	n Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
								1 YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
								*		1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- Sile N		OTHER		LACE OF OEATH (	Check only	one)			
1 X YES 2 □ NO	1 Inpatient 2			4 🗆 Nun	sing Hon	ne 5 🗆 Rasidence	7				
27. MANNER OF DEATH  1XX Natural 5 Pending	26e. OATE OF (Month, E		26b. TIME	JRY M	WC	JURY AT ORK?	28d. D	ESCRIBE HOW I	NJURY OCCU	RED	
2 Accident Investigation	20 - 51 405 6	- IN (1100)				YES 2 NO	-				
3 Suicide 6 Could not be 4 Homicide datarmined	building,	of INJURY At atc. (Specify)	home, farm, s	treet, fact	ory, offic	ca.		CATION (Street a ty or Town, State)	and Number or	Rurel Rou	te Number,
29a, CERTIFIER 1 CERTIFYING PLACE	ICIAN: To the head	land beautiful.	da eth coo	4 -4 -7				4.			
(Check only one) XX MEDICAL EXAMINE	ICIAN: To the beat of										nd manner as stated
296. SIGNATURE AND TITLE OF CENTER		TOTAL STREET	- mvostigatioi	., my c	pominori, C			ne and place, an			
290. SIGNATURE AND TITLE DE CENTRE	full!	h	A			29c, LICENSE N					lonth, Day, Year)
20 NAME AND ADODESS OF DESIGNA BY	O COMPI TYPE COM	TT VIL	TEN AT			0.C.	M.E	•	1-	7-19	194

MINERAL DIRECTOR: After this certificate has been transfered by the attending physician.

MINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mached.

TRINY: Harm 29 is mached. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

Mario 31. DATE FILED (Month, Day, Year)

JAN 1 0 1994

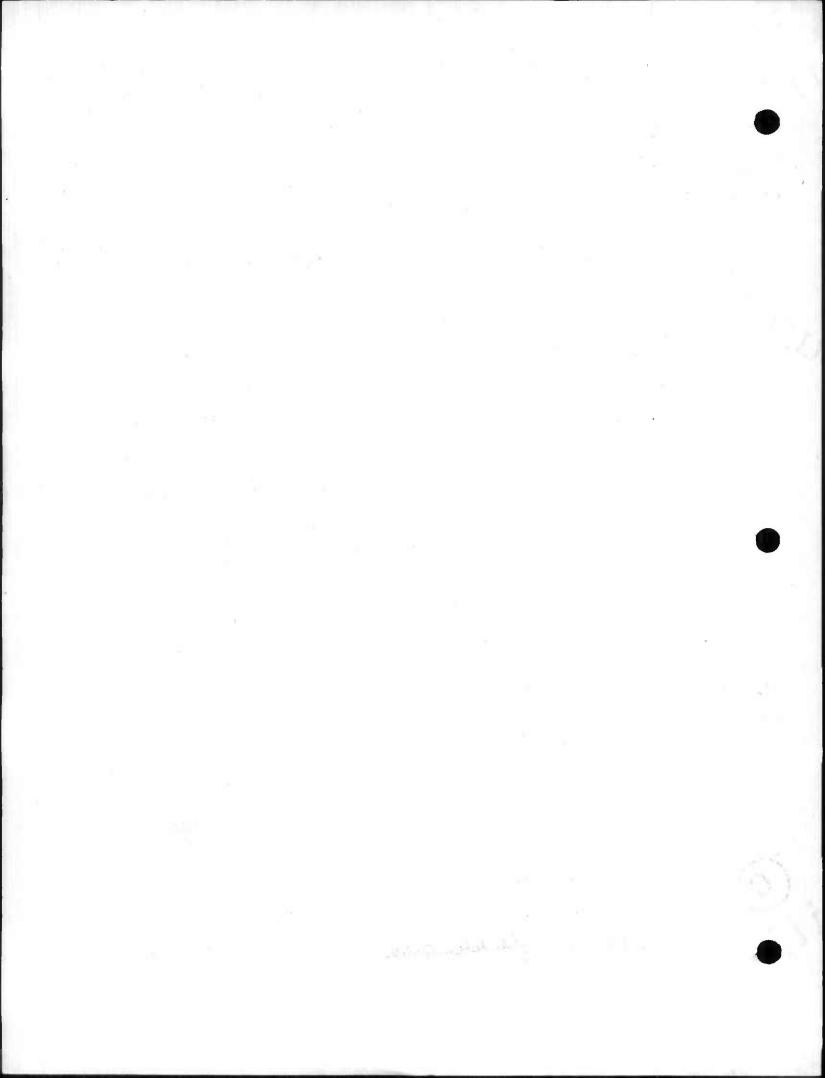
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Baltimore, Maryland

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21201



ASP ITEM: 23 PART I, PER MEO FILM G-713 7/27/94 t.t

ITEMS: 23 PART I, 27, PER MEO FILM G-708 2/10/94 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00255 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN NOVELLA 01 1994 HUGGINS 06 2:02 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 1 M 2 X 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 725 GEORGE ST. BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2/20/ 12. WAS DECEOENT EVER IN U.S. ABMED FORCES? 1 YES 2 PNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE Black. - American Indian, White, etc. en, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR OATES YES 2 NO BY Specify: 4 Divorced 1ack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Given kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 16. MOTNER'S NAME (First, Middle BE 2 METHOD OF DISPOSITION
Burlal 2 Cremetion 3 Removal from State PLACE AND DATE OF DISPOSITION (N Donation 5 - Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICENSEE implications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, ahock, or heert failure. List only one ceuse on each ilne interval Between IMMEDIATE CAUSE (Finei **Onset and Death** disease or condition resulting in death) HYPOPITUITARISM COMPLICATED BY FOCAL BRONCHOPNEUMONIA OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other eignificant conditions contributing to death but not reaulting in the underlying ceues given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Nome 5 N Residence 6 □ Other (Specify) 1 Inpetient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCURED 1 XX Natural 1 YES 2 NO BY 2 Accident Investigat Sulcide 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To this best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. 2) MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end manner ee stated. 29h BIGNATURE AND TITLE OF CENTIFICE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 01-06-1994 O.C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OBATN (ITEM 27) (Type, Print) 111 Penn Street, 2 Baltimore, Maryland

JAN 10 1994

DHMH-16 Rev 1/89

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 e Раде 6 тау hours after death. the death certificate be executed with

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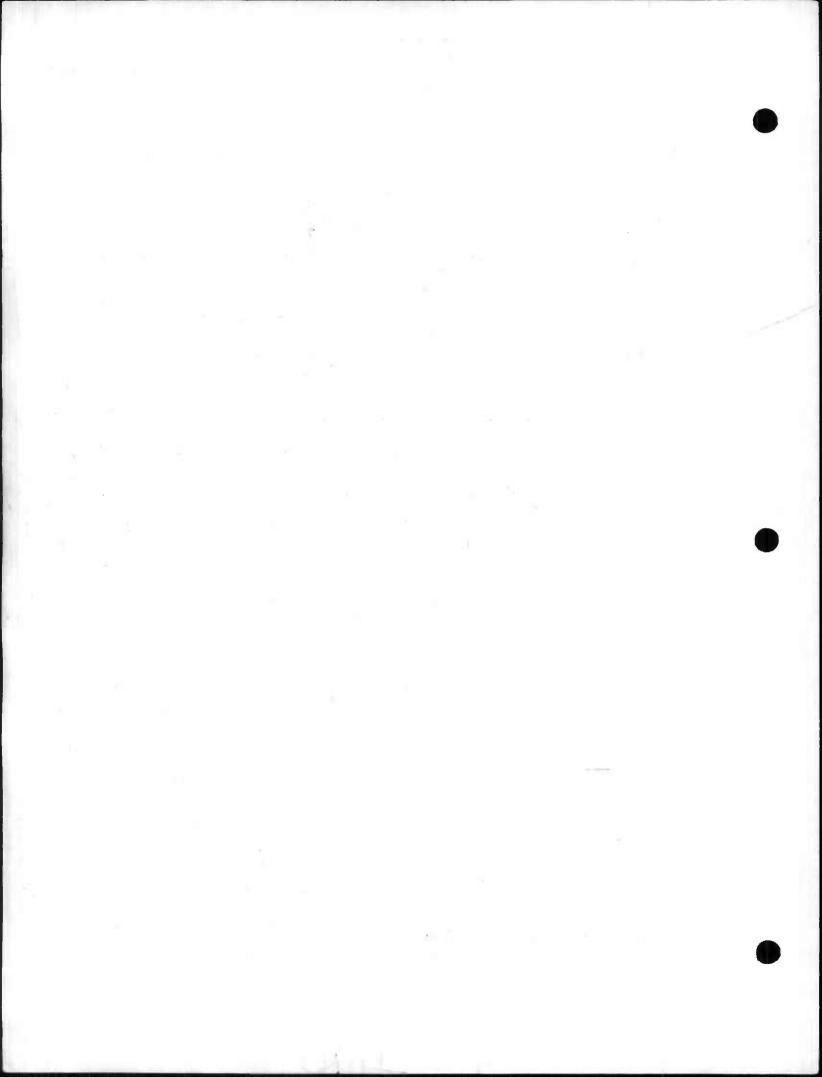
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Item

cremation, or

DIVISION OF VITAL RECORDS, P.O. BOX 68760 requires that OR ATTENDING PHYSICIAN: The law



**BALTIMORE, MARYLAND 21215-0020** 

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

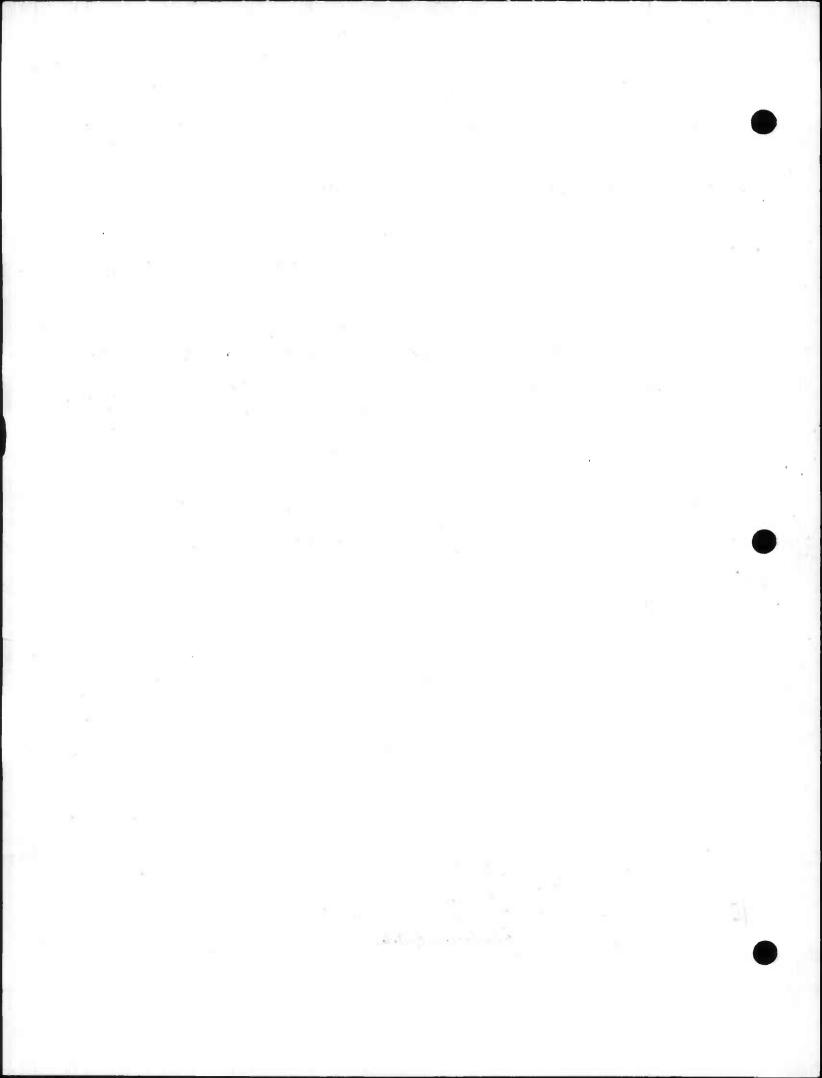
permit. page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. hours after death. Page 6 may be filled in by the funeral director, and completely fi to burial, cremation executed with attending physician ntal Hygiene prior to death certificate be signed by the atter Health and Mental the State Dept. d, or Item 23 s HOSPITAL OR ATTENDING PHYSICIAN: this c After DIRECTOR: Aft hours after dea item 28 Is n TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTL be filed within 72 hours at IMPORTANT: It item 2

96 CERTIFICATE OF DEATH

00256 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE STATE REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **JAMES** n/a HENDRICKS 1 94 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In wes lest hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 10-217-46-1124 11-48 . VIRGINIA 1 X M 2 F 45 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4804 STRATHDALE ROAD BALTIMORE N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY BALTIMORE XX YES 2 NO MD N/A10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 4804 STRATHDALE ROAD 21206 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 XXMarried Specify: 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION 16a DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY est of working Elementary/Secondery (0-12) 12th College (1-4 or 5+) MD PENITENTIARY CORRECTIONAL OFFICER N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES H. HENDRICKS SALLIE RUSSELL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 4804 STRATHDALE ROAD/BALTIMORE, MD 21206 PHYLLIS HENDRICKS 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION — City or Town, State DATE 1 X Burial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) BALTIMORE CEMETERY BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ▶ WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, Dr heart feilure. List Dnly one cause on each line. intarvei Between **IMMEDIATE CAUSE (Final** Onaat and Daath disesse or condition Neputic rancer M resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, atraet, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, Cify or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and manner as stated. 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day, Yeer) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, and



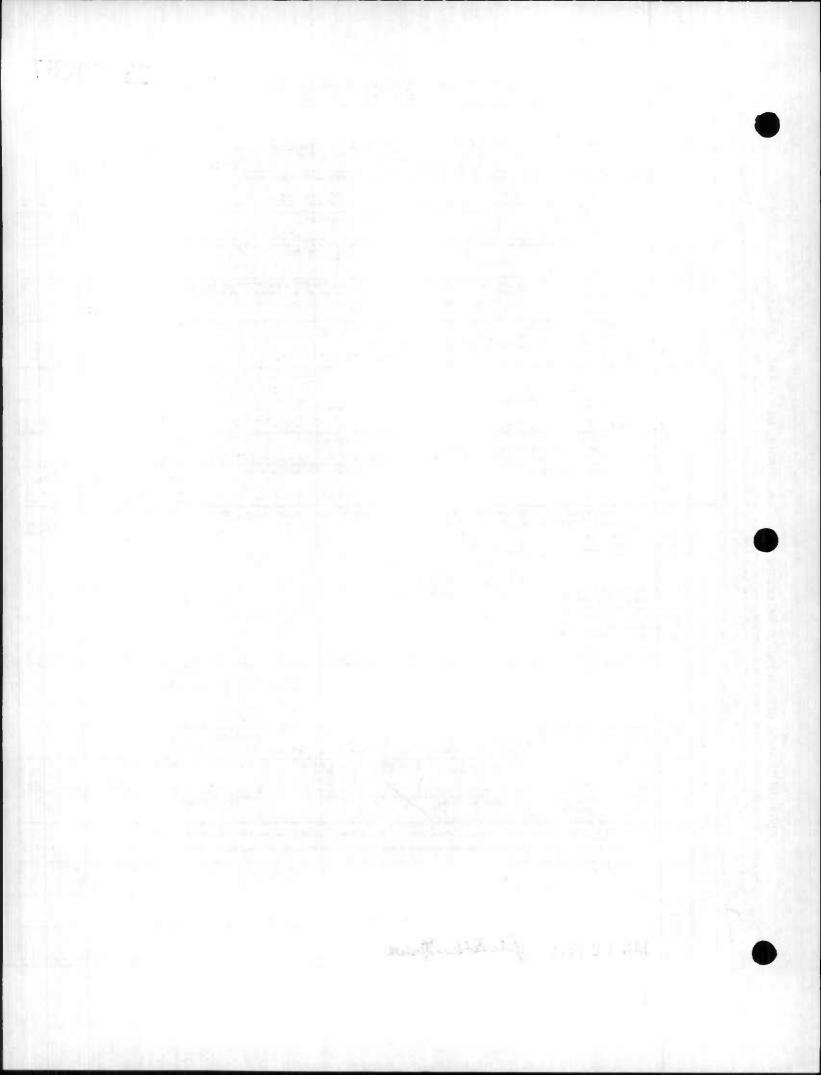


the hospital or attending physician. e detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	94 00237		
1	1. DECEDENT'S NAME (First, Middle, L HARRY J	_			2. DATE OF DEATH DAY January 7,	94 YEAR 3. TIME OF GEATH		
	4. SOCIAL SECURITY NUMBER 213-03-0962 98. FACILITY NAME (If not institution, g	1½□ M 2 □ F 79	YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) Sept. 13, 191			
TOR	Blizzard Ca	re Home	96.	Finksburg	SEATH 9c.	ec. COUNTY OF DEATH  Carroll		
DIRECTOR	10e. STATE 10b. CO		10c. CITY, TO	wn on Location Baltimore		10d. INSIDE CITY LIMITS?  1 K YES 2 NO		
FUNERAL	100. STREET AND NUMBER 602 Dale Av	e.		10f. ZIP CODE 212		USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	over Married 2 Married FORCES? 1 YES 2 NO			ANIC ORIGIN? (Specify Yes or Nizan, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc.		
PLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 10 Grade		AL occupation tone during most of working work Worker	16b. KIND OF BUSINES	S/INDUSTRY			
BE COMPL	17. FATHER'S NAME (First, Middle, Last Harry A.	Heise		Mary				
10	Mr. Harry J. H.	eise Jr.		RESS (Street and Number or Rura ld Westminste		me, Zip Code) Eminster, Md. 211		
CERTIFICATION	23. PART I. Enter the diseases, ahock, or heart falk immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to on as oue on e		nter tha mode of dying, su	ch as cardiac or respirator	ry arrest, Approximata Interval Betwee Onset and Des		
MEDICAL	PART II. Other algnificant cond	itiona contributing to death b	out not resulting in th	e underlying cause given l	Pert I. 24e. WAS AN AUTO PERFORMED 1   YES 2	? AVAILABLE PRIOR TO		
CIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	l or	28. PLACE OF DEATH (C	heck only one)			
BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigat	28e. DATE OF INJURY (Month, Day, Yeer)			a Cother (Specify)  28d, DESCRIBE HOW INJUR	Y OCCURED		
	3 Suicide 8 Could not 4 Homicide determine			, factory, office	281, LOCATION (Street and N City or Town, State)	umber or Rural Route Number,		
COMPLETED	anal	HYSICIAN: To the best of my know MINER: On the basis of examination				ne stated.  • to the cause(a) and manner as stated.		
BE C	366. SIGNATURE AND TITLE OF CERT	Ifler Illeh		29c. LICENSE N	JMBER 29d ►	I. DATE SIGNED (Month, Day, Year)		
10	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) /Rong Delet	)		1 119 7		
	John W. Middlet  31. DATE FILED (Month, Day, Year)	on M.D. 1130	O Baltimore		ninster, Md.2	1157		

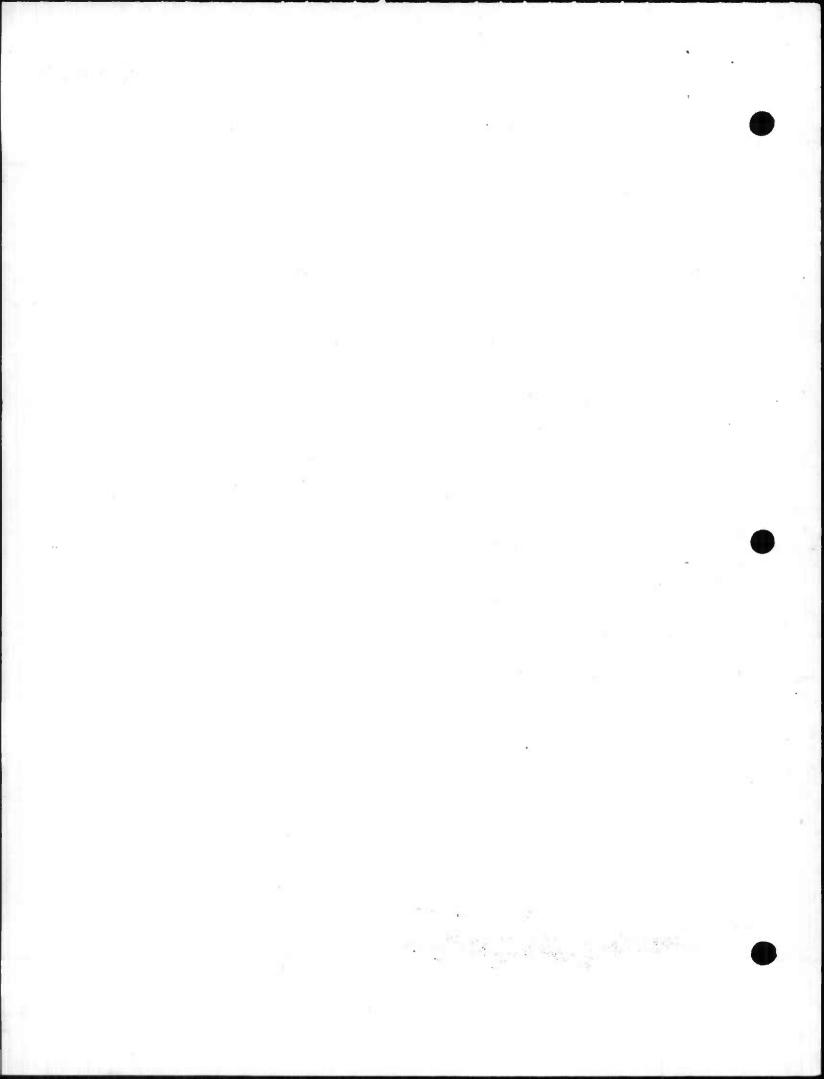


SICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	is sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	he prior to burial, cremation, or removal.	a, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSE IN CHAIN WHILE PHISICIAN: The law requires that the death certificate b	TO THE HIMERAL DIRECTURATED THE CONTINUES DOES Signed by the attending physici-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tra

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC			MENTAL HYGIEN		4 00258
1. DECEDENT'S NAME (First, M WILLIAM	R. HUGGINS, J	R.			2. DATE OF DEATH DO Jan 6, 19	NY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-05-2260	5. SEX 6. A	GE (In yrs. lest birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) Nov 15, 1	6.	BIRTHPLACE (State or Foreign Country) [aryland
9a. FACILITY NAME (If not institute the notation of the next of th	spital Center	9	Randal	R LOCATION OF DI	EATH	9c. COUNTY Balt	imore County
Maryland	Baltimore Co.		rown or locat lallstov				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	er Dr. Apt. 43		2	ZIP CODE 21133		USA	N OF WHAT COUNTRY?
3 Widowed 4 Divorce	11. MARITAL STATUS  1 □ Never Married 2X□X Married  3 □ Wildowed 4 □ Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 □ NO If yes, specify Cuban, Maxican, Puerto Rican, 1 □ YES 2∑□X NO Specify:  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify: 1 □ YES 2∑□X NO Specify: 1 □ YES 2□X NO Specify: 1						RACE — American Indian, Black, White, afc. Specify: White
15. DECEO (Specify only h Elementary/Secondary (0-12 8th Grade 17. FATHER'S NAME (First, Midd	ENT'S EDUCATION (gheet grade completed)  Coffege (1-4 or 5+)	18a. DECEOENT'S US (Give kind of wor life. Do NOT use of Quality	k done during mos etired.)	at of working	Westin		
17. FATHER'S NAME (First, Midd	No, Last)	, ,			ME (First, Middle, Maiden		
William R.	Huggins, Sr.				ret Franey	,	
19a. INFORMANT'S NAME (Type	vPrint)	19b. MAILING AI	ODRESS (Street a	nd Number or Rural	Route Number, City or Town	n, State, Zip Co	ode)
Mrs. Mary Lo	u Clare	3801 Sc	hnaper	Dr. Apt	436 Randa	11stow	m, MD 21133
20g. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Survey State  20b. PLACE AND DATE Of DISPOSITION (Name of cemegery, crematory or other piece) Lake View Mem. Park 1-8-94  Sykesville, MD							
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE		Loring		сыту Funeral Di Rd. Randal		
23. PART I. Enter the dise ahock, or hea IMMEDIATE CAUSE (Finel disease or condition resulting in death)	reses, or complications that ceurt fallure. List only one cause o	sed the death. Do not neach line.				ratory errest	I, Approximate interval Betwee Onset and Deat
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	IS A CONSEQUENCE OF:	0			Le Cerr	ce
PART II. Other eignificent	conditions contributing to deat	by but not resulting in	the underlying	ceuse given in	Part i. 24e. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
25. WAS CASE REFERRED TO BEXAMINER? 1 YES 2 NO	HOSPITAL:	Putnetlant 2 DOA	THER:	ACE OF OEATH (Ch			
27. MANNER OF DEATH	28a. OATE OF INJU	RY 28b, TIME (	F 28c. INJI	JRY AT	6 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCUP	REO
	estigation	URY At home, farm, stre	M 1 🗆 Y	ES 2 NO	281. LOCATION (Street	and Number or	Rural Route Number,
4 Homicide det	ermined  YING PHYSICIAN: To the best of my k		at the fime, data	and place, and due	City or Town, State) to the cause(a) and mer		
	L EXAMINER: On the beals of examin			ath occured at the	time, data and place, an	d due to the c	
1	7,			216	47	<b>&gt;</b> /	-7-94
	ERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Pr	int)				
31. DATE JAN 17.0 19	94 9 32 RECHOTRAR'S S	IGNITURE					

00258

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	1. DECEDENT'S NAME (First, Middle, Last)	RANSOM		INSLEY				REG. NO.		3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 215-22-0297	5. SEX 1  M 2  F	6. AGE (In yrs. lest I	birthday) IF L	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	DE BIRTH , Day, Year) 21, 1927	C	NRTHPLACE (State or country)
000	90. FACILITY NAME (If not institution, give Saint Joseph Hosp	street and number)		9b.		OR LOCATION OF D	EATH			OF DEATH
210	RESIDENCE OF DECEDENT								- fuer	
L DIRECTOR	Maryland  10e. STREET AND NUMBER	TY		10с. СІТУ, ТО	altimo	re		FL		10d. INSIDE CI LIMITS? 1 [X YES 2 {
ERA	6002 Harford Rd.				10	1. ZIP CODE 21214		10g.	US	of what country SA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 M Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE W	YES 2 NO	ED )	If yes, sp	CENDENT OF HISPA Health Cuben, Mexico 3 2 ANO Speci	en, Puerto F	? (Specify Yee or No Ican, atc.)	1	RACE — American in Black, White, etc. Specify: White
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	(Give	EOENT'S USUA be kind of work of NOT use reti	fone during me		16b.	KIND OF BUSINESS		RY
COMPL	17. FATHER'S NAME (First, Middle, Last)		D	roker		16. MOTHER'S NA	AME (First. A	Real Est		
TO BE COM	Carlton R. Insl	ey, Sr.						eda Ford	7	
5	190. INFORMANT'S NAME (Type/Print) Patricia Neuber	ger				Ave., E		er, City or Town, State	212 Zip Code	
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremetlon 3 Ren		20b. PLACE AN	ID DATE OF DIS	SPOSITION (N	ame of	OATE	20c. LOCATION		
	4 Donation 5 Other (Specify)		St. Jo	hn s I		an Ch. C		/8 Balti	.more	e, MD
	· / H	VAL A			ROBER	RT C. ALC	CENBU.	RG FUNER		OME, INC. MD 21214
	23. Party i. Entar tha diseases, or ahock, or heart fallura.	complications that	caused tha deat							
	ilyMeDIATE CAUSE (Final disease or condition resulting in death)	Lymph.	eyon aach lina.	TOMAC		oda of dying, suc	ch as card	iac or respiratory	arrest,	Approxi interval Onset a
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition	DUE TO (	MA OF S	TOMAC JENCE OF): JENCE OF):		da of dying, suc	ch as card	lac or respiratory	arrest,	Approxi interval Onset a
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO (	OR AS A CONSEQUENT OR AS A CONSEQUENCE OR AS A	TOMAC  JENCE OF):  JENCE OF):	H			24a. WAS AN AUTOF PERFORMED?	PSY	Approxi interval Onset a united
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (	OR AS A CONSEQUENT OR AS A CONSEQUENCE OR AS A	TOMAC  JENCE OF):  JENCE OF):	H			24a. WAS AN AUTOF PERFORMED?	PSY	Approxi interval Onset a UULCO  24b. WERE AUTOPSY AWALABLE PRIK
MEDICAL CERTIFIC	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (d	OR AS A CONSEQUENT OR AS A CONSEQUENCE OR AS A	JENCE OF): JENCE OF): suiting in th	a underlyln 26. Pi	g cause given in	Part i.	24a. WAS AN AUTOF PERFORMED? 1 YES NO	PSY	Approxi interval Onset a unitaria  unitaria  unitaria  24b. Were Autopsy Awillable Pric OMPLETION O OF DEATH?
SICIAN: MEDICAL CERTIFIC	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO (  DUE	OR AS A CONSEQUENCE OF AS	JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):	a underlyln  26. Pi  HER: Nursing Hon  28c. IN.	g cause given in	Part i.	24a. WAS AN AUTOF PERFORMED? 1 YES NO	PSY	Approxi interval Onset a Udkad  24b. WERE AUTOPSY AMAILABLE PRIX COMPLETION O OF DEATH?  1 YES 2
MEDICAL CERTIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation	b. DUE TO (  d	OR AS A CONSEQUENT OF AS A CONSE	JENCE OF): JENCE OF):	26. PHER: Nursing Hon  28c. IN. WC  1	g cause given in	Part I.	24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO. (Specify) (Specify) CRIBE HOW INJURY	OCCURE	Approxi interval Onset a URL De Victoria Approxi interval Onset a URL De Victoria Approximation of Deather 1   Yes 2
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending	B. DUE TO (  DUE	OR AS A CONSEQUENCE OF AS	JENCE OF): JENCE OF):	26. PHER: Nursing Hon  28c. IN. WC  1	g cause given in	Part i.  Pack only one  G Other  28d. OES	24a. WAS AN AUTOF PERFORMED? 1 YES AND NO.	OCCURE	Approxi interval Onset a URL De Victoria Approxi interval Onset a URL De Victoria Approximation of Deather 1   Yes 2
D BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (  DUE TO	OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU  ER/Outpatient 3  ER/Outpatient 3  ENJURY (x 'bar') This injury (x 'specify)  The knowledge, death	JENCE OF):  JENCE	26. Pl HER: Nursing Hon 28c. IN. W 1   factory, office	g cause given in	Part i.  Deck only one  College 28d. OES  28f. LOC/City of	24a. WAS AN AUTOF PERFORMED?  1 YES STANO  (Specify)  (Specify)  (Street and Numer fown, State)	OCCUREI	Approxi interval Onset a Udkae  24b. WERE AUTOPSY AMAILABLE PRIK COMPLETION O OF DEATH?  1 YES 2

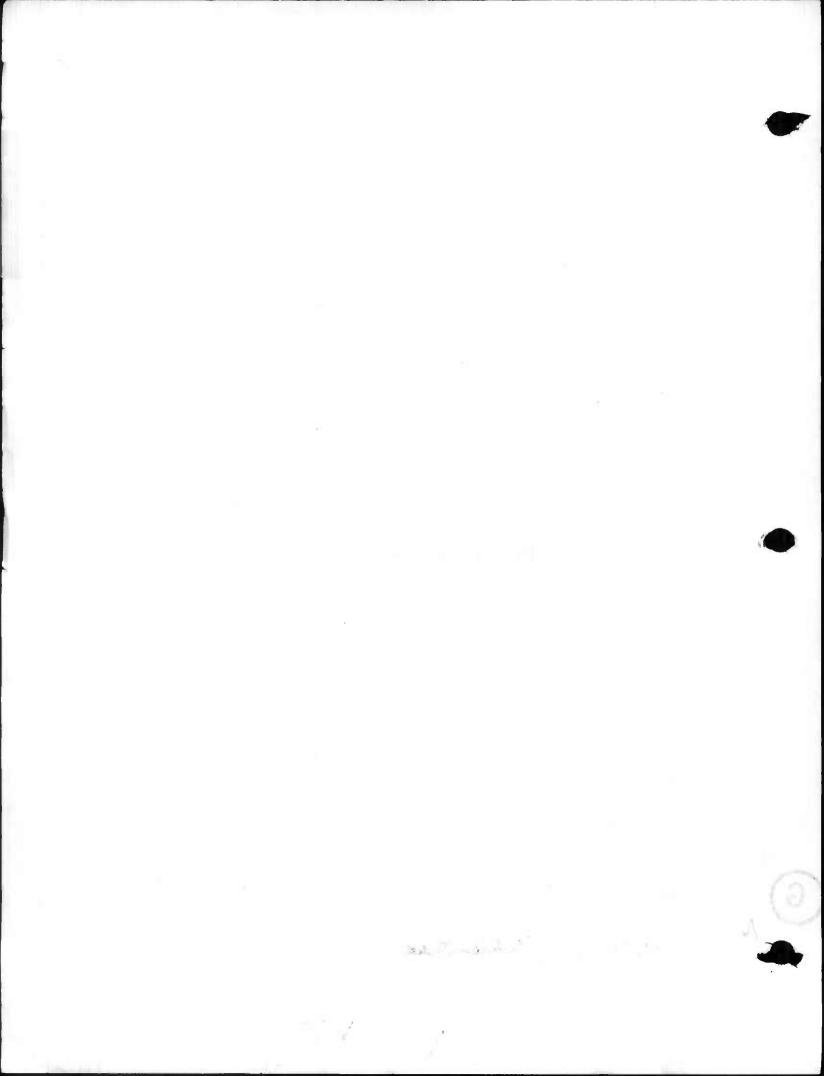
a recognitive section of the section of the section of may be at the

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Cert	dina
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	THE LOCKETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	1
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STATE OF MARYLAND / DEPARTMENT	T OF HEALTH AND	MENTAL HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MAR			OF DEATH	MENTAI	REG. NO.		4 0	
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	YE	3. TIM	E OF DEATH
,	Dorothy M. Jo	ickson				01-	-08-94	YE.	4:5	50 am M
	4. SOCIAL SECURITY NUMBER		NGE (in yrs. last birthday)	IF UNDER 1 Y		7. DATE	OF BIRTH		BIRTHPLACE Country)	(State or Foreign
	215-05-0737	1 □ M 2/√ F	85 YRS.	MONTHS	AYS HOURE MIN.	03-	-16-08		Baltin	nore. MD
	9a. FACILITY NAME (If not institution, give st	treet and number)			OWN OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH	
OR	295 Luther Driv	16		West	minster			Carro	ee	
딢	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c, CIT	Y. TOWN OR	LOCATION				10d. IF	NSIDE CITY
DIRECTOR	MD Carro	oll	We	stmins	ter				L	IMITS? YES 21/NO
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN		7676
ER/	295 Luther Driv	Je			21157			US	4	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		S DECENDENT OF HISPA			or No- 14.	RACE — Am Black, White	erican Indian,
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 1 1			es, specify Cuban, Maxica YES 2 NO Specif		Rican, atc.)		Specify: .	
									white	2
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done dur	IPATION ing most of working	160	KIND OF BUSI	NESS/INDUST	RY	
1	Elementary/Secondary (0-12)	4 year co								3
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		<u> </u>		18. MOTHER'S NA	AME (First, I	Middle, Maiden S	lumame)		
ŭ	William E. Chw	H IN			Emma			,		7.
BE	19a, INFORMANT'S NAME (Type/Print)	200	19b. MAILING	ADDRESS (S	Street and Number or Rural			, State, Zip Coo	ie)	
임	Mr. John R. Jac	2kson	106 N	ob Hil	el Dr. Reis	ters.	town, 1	MD 21	136	
	20a. METHOD OF DISPOSITION 1 W Burlat 2 Cremation 3 Rem	ovel from State	20b. PLACE OF DISPO	SITION (Name	of cemetery, crematory or		20c. LOC	ATION — City	or Town, Sta	ita
	4 Donation 5 Other (Specify)		Lorraine				Bal	timore	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //		22. NA	ME AND ADDRESS OF FA	ACILITY	118:	24 Rei	sters.	town Rd.
	Jans 1	C. lin		El	ine Funeral	Hom	e Rei	sterst	own,	MD 21136
	23. PART I. Enter the diseases, or cahock, or heart fellure.	complications that ca	used the deeth. Do	not anter th	e mode of dying, aud	ch ee care	diec or reepir	atory arrest,		Approximate
- 1	IMMEDIATE CAUSE (Finel	- 15								Interval Between Onset and Death
	disease or condition resulting in death)	PNE	MONI	4						
		DUE TO (OR	AS A CONSEQUENCE O	IF):				_		
N O	Sequentielly liet conditions,	b	AS A CONSEQUENCE O	NE):						
AT	If any, leeding to immediate cause. Enter UNDERLYING	BOE 10 (OR	AS A CONSCOURNCE C	r.).					İ	
유	CAUSE (Disease or injury that initieted events	DUE TO (OR	AS A CONSEQUENCE O	F):						
CERTIFICATION	resulting in deeth) LAST	d							-	
	PART II. Other eignificent condition	ne contributing to dea	th but not resulting	In the und	riving cause given in	Dart I	24s. WAS AN	urropey	245 WEBE	AUTOPSY FINDINGS
CAL	CBREBRO VA.					rait is	PERFOR		AVAIL	ABLE PRIOR TO LETION OF CAUSE
ă	CAMPONO VA.	70-71.	1//3011	1010	· C 9	- 1	1 TYES 2	<b>3-110</b>	OF DE	ATH?
Σ						_			1 0	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	T			28. PLACE OF DEATH (C	heck anly a	ne)			
S	EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER:	g Home 5 Residence					
Ĭ	27. MANNED OF DEATH	26a. DATE OF INJ	URY 28b. TII	ME OF 2	Bc. INJURY AT		SCRIBE HOW IN	JURY OCCUR	ED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	ear) IN	JURY	WORK? 1 YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF IN building, atc.	JURY — At home, farm, (Specify)	street, factor	y, office		CATION (Street a	nd Number or F	Rural Route N	umber,
	4 Homicide datermined									
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death occur	red at the tim	a, data and place, and du	a to the ca	use(a) and man	ner as stated.		
O	one) 2 MEDICAL EXAMINE	ER: On the beals of exami	ination and/or investigat	on, in my opi	nion, death occurad at the	e time, date	and place, and	d due to the co	euse(a) and r	nanner sa stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	A,			29c. LICENSE NU	IMBER		29d. DATE SI	GNED (Montt	ı, Day, Ybar)
O BE	Johns. 10	tushing	mo		D049	134		1/	9/94	+
2	30 NAME AND ADDRESS OF PERSON WH									3/128
1	JOHN S. HAR	SHEY H	D Z = 5	ST. 1	MARK W	44	WES	TMEN	STER	- MD
	31. DATE FILED (Month, Day, Year)  JAN 1 0 1994	THE SENTEN	SIGNATURE							'



		blueda 9 9 b age	ayes 1, 2, 3 SHOUND	
CALLINOLIC, MANILEMED ALEISTONE	TO ME HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Surs after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be desprised for use as the burial transit name; and a special state of the survey of the attending physician and completely filled in by the funeral director, name 5 should be desprised for use as the burial transit name; and the survey of the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7	-			

Item # 9a, 10e, 19b Film # G 1-13-94 N.A. Per. Funeral Home

00261 01.

	T. DECEDENT'S NAME (First, Middle, Leet)						E OF DEATH	10.	-	3. TIME OF DEATN
- 1	HELEN S. KENT					0	TH	nav 5	YEAR 94	J. HIME OF DEATH
	1. BOCIAL SECURITY NUMBER	s. sex s. age 1 □ M 2 □XF 70	(In yes, Asst birtho YR	MONTHS 1	YEAR IF UNDER 24 HE MYS HOURS ME	7. DAT (Mo Mc	E OF BIRTH rith, Day, Year) BY 10			HPLACE (State or Foreign try) MD.
	9a. FACILITY NAME (If not institution, give st  8 ROBERT AVE  RESIDENCE OF DECEDENT	8 Roberts' Ave	6		DWN OR LOCATION O				NTY OF I	
	MD 10a. STATE 10b. COUNTY			CITY, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS7 1 VES 2 NO
	8 KENT AVE	8 Roberts Ave			101. ZIP.CODE 21228			100	S.A.	WHAT COUNTRY?
	11. MARITAL STATUS  1\( \sum_{\text{Never Married}} 2 \sum_{\text{Merried}} \)  3 \sum_{\text{Widowed}} 4 \sum_{\text{Divorced}} \)	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	N U.S. ARMED NO DATES	It y	S DECENDENT OF NIS es, specify Cuben, Me YES 2 X NO Se	xican, Puarte	IN? (Specify Specify Rican, atc.)	Yea or No-	Blac	E - American Indian, ik, Whita, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12TH	CATION completed) College (1-4 or 5+)	(Give kind	OT use retired.)	IPATION ng most of working	16	b. KIND OF E	BUSINESS/IND	PUSTRY	
	17. FATHER'S NAME (First, Middle, Last) UYLESSESS SMITH				18. MOTHER'S HELEN		Middle, Maid LACE	en Surname)		
	194. INFORMANT'S NAME (Type/Print)  JAMES KENT SR.		19b. MAIL		AVE BALTE	ırai Route Nui				8 Roberts Ave re, Nd. 21228
	20a. METNOD OF DISPOSITION  yi Burial 2 ☐ Cremetion 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	ENSE	metery, crematory	TIONAL.	CEMETERY ME AND ADDRESS OF		194 F	LOCATION —	MD	
- 1	The contract lands. L	ompiicationa that caused List only ona causa on a	d tha death. D		IARCH F/H					Approximata
	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflitated events	Respirat	ory Fai a consequence ic Rena a consequence	Llure E OF): al Cell E OF):		such as ca	rdiac or rea	piratory arr	est,	
	immediate Cause (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Respirate DUE TO (OR AS A  Metastat DUE TO (OR AS A  DO NOT TO DUE TO (OR AS A	ory Fai a consecuence ic Rena a consecuence esuscit a consecuence	Llure E OF): al Cell E OF): ate	a moda of dying, s	Metast	tatic	to lui	ng)	Approximata intervai Between
	IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Respirate DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	ory Fai a consequence ic Rena a consequence esuscit a consequence	Llure E OF): al Cell E OF): are of): ar	Cancer (I	Metas  In Part I.	24a. WAS A PERF	to lui	ng)	Approximata interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset O
	IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Respirate DUE TO (OR AS A  Metastat DUE TO (OR AS A  DO NOT TO DUE TO (OR AS A	ory Fai consequence ic Rena consequence esuscit consequence out not resultir	Llure E OF): al Cell E OF): ate OTHER: 4   Nursing	Cancer (I	Metas:  In Part I.	24a. WAS A PERF(1 YES	to lui	ng)	Approximata interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset O
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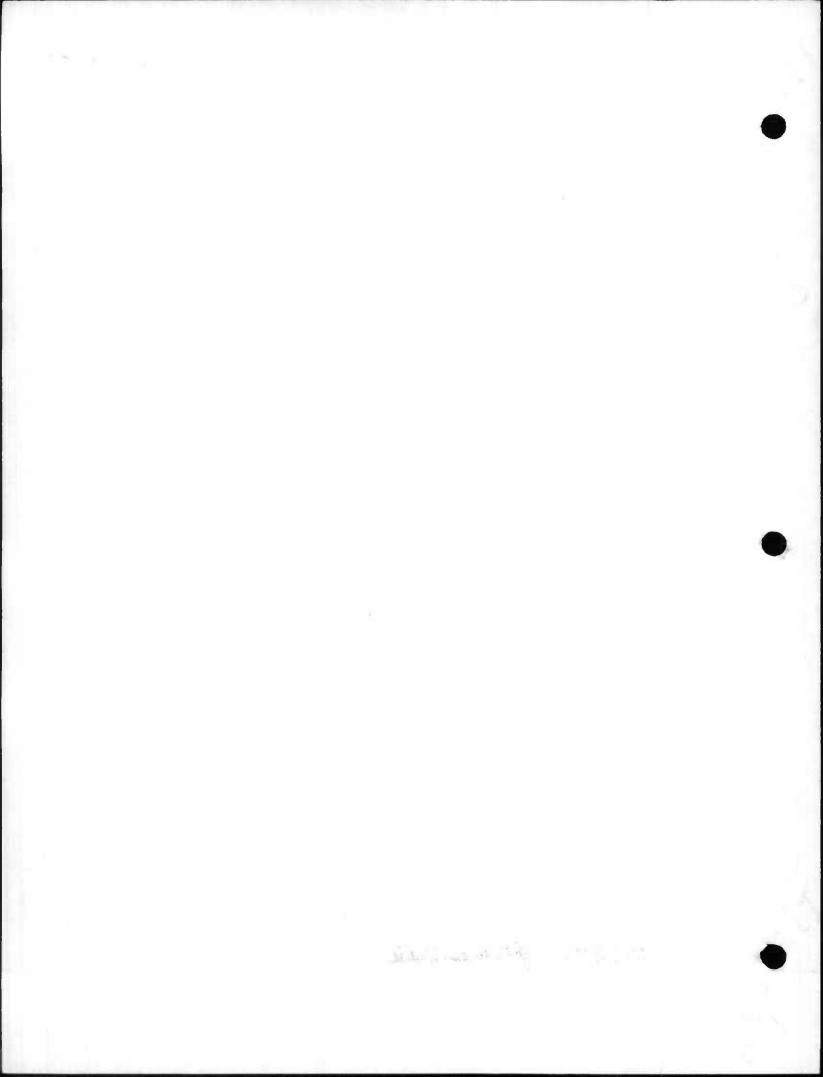
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

•	FOR STATE REGISTRAR
١	1. DECEDENT'S NA
•	IDI
	4. SOCIAL SECURIT
	213-10-
I	9a. FACILITY NAME
	ST. EL
	10a. STATE
	MARYLANI
۱	10e. STREET AND N
l	400 CA
۱	11. MARITAL STATU
ı	1 Never Married
۱	3 Widowed A

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

						10/1/	_			ned. NO		_	
	1. DECEDENT'S NAME (First)		Vanne							2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	E.	KERN							JAN. 08	1199		3:03 Pm M
			5. SEX 1 ☐ M 2 √F	6. AGE (In yrs. ia	st birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	
	213-10-5055		A	0/	Tria.	05 CITO	TOWN	2010017	ION OF DE	12-14-0	_		MARYLAND
Œ.			,			96. CITY	,			ATH	9c. COU	INTY OF DE	АТН
18	ST. ELIZAF	EDENT	HOME				BAL	TIMO	KE.				
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION				2	IOd. INSIDE CITY
	MARYLAND	ANNI	E ARUNDEL			L	ENTH	ICUM				1	☐ YES 2XXNO
FUNERAL	10e. STREET AND NUMBER						10	f, ZIP COD			10g. CIT	IZEN OF WH	IAT COUNTRY?
R	400 CATHER	INE AV							2109			U.S.	
	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	NO		If yes, sp	ecify Cubi	ın, Mexicar	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	14, RACE - Black,	– American Indian, White, etc.
B	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES	•		1 TYES	2XX40	Specify			Specify:	WHITE
ED		EDENT'S EDU		16a, Di	CEDENT'S	USUAL O	CCUPATI	ON .		16b. KIND OF BU	SINESS/IN	DUSTRY	
19	Elementary/Secondary (0		College (1-4 or 5 +		. Do NOT u	se retired.)	ourny me	AST OF WORK	140				TORE
COMPLET	12			SE	CTIO	N M	ANAG	ER		STEWA	RT'S	DEPA	RTMENT
8	17. FATHER'S NAME (First, M	SO 311 1 1 2 1 2 1								ME (First, Middle, Maiden	Surname)		
B	ANDREW KE								FLLE				
2	The state of the s		(FRIEND)							houte Number, City or Tow			21090
3	EDWARD E . RI	ION		20b. PLACE					NOE 1	DATE 20c, LO	_	City or Town	
	1 Burial 2 Crematic		oval from State	cemetery, cri	ematory or o	ther place!			37 O1				, MARYLAND
	21. SIGNATURE OF FUNERA	E-SERVICE LIE	EMPEE	A POON!	ALN	22.	NAME A	ND ADDRE	SS OF FAC	житу	OIV D	KIDGL	PERTITION
	1 Kun	uee	weg.	Ze									ERAL HOMES
	23. PART I. Enter the d	seeses, or e	complications that	caused the de	eath. Do	not enter	the mo	FDMO	NDSON	AVENUE C	INOPTA'	SVILL	F. MARYT,AND
	shock, or h	eert fellure.	List Dnly one cau	se on each line	<b>9</b> .							THE	Interval Between Onset and Death
	disease or condition resulting in death)	<b>→</b>	Con	ca. Ah	_ /	Lea	1	fr.	· lu				
	resulting in death)	,	DUE TO	G & A CONSE	OUENCE O	n:	4						
Z	Sequentially list conditi	one C	b	rul,	hh	16/4	te	~					
AŢ	if any, leading to imme- cause. Enter UNDERLY	diate	DUE TO	OR AS A CONSE	QUENCE O	f):			1/_	7 Du			
CERTIFICATION	CAUSE (Disease or inju		DUE TO	(DR AS A CONSE	QUENCE O	920 ( F):	u		The	1 114			<del>-</del>
1	resulting in death) LAS	т	d.										
	PART II, Other algnifice	nt condition	s contributing to	death but not	regulting	In the un	dorluin	0.001100	ahma la l	Part I. 24a, WAS AN	ALCTORON	1	VERE AUTOPSY FINDINGS
DICAL				- Control of the control	· · · · · · · · · · · · · · · · · · ·		, againg in	g couse	given in i	PERFO	RMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
										1 YES :	NO NO	9	OF DEATH?
Σ										-   '		'	TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PI	LACE OF D	EATH (Che	ck only one)			
Sic	EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpatient	DOA	OTHER 4 Nur		w 5 □ R	esidence	6 Other (Specify)			
РНҮ	27. MANNER OF DEATH		28a. DATE OF (Month, Di		28b. TIN	E OF	28c. IN.	URY AT		28d. DESCRIBE HOW	NJURY OC	CURED	
BY		Pending Investigation		,,,		М		YES 2	□ NO				
ED		Could not be	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fact	tory, offic	:0		28f. LOCATION (Street City or Town, State		r or Rural Ro	ute Number,
<u> </u>					_								
COMPL	one)									to the cause(s) and ma			
8				amination and/or	Investigati	on, in my o	opinion, c			time, date and place, ar			
BE	295, SIGHATURE AND TITLE	A CENTIFIE	1/11/	1//	/			29c. LIC	ENSE NUM	BER	29d. DAT	E SIGNED (	Aonth, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CALIS	E OF DEATH (ITE	M 27) (7vn4	. Printi		0	10/	01	/	-10	->7
	WILLIAM	Mus		no 2	732	0 1	evs	NO	AVE	BAUT	MO	212	-27
	31. DATE FILED (Month, Duy,	Year)	32 REGISTRA	R'S SIGNATURE									**
	JAN 1 0	1994	gulie &	viden 13	nde M	,							
			0-		and and								DHMH-16 Rev 1/89



212-	-01-5420  NAME (If not institution, give	1 🔀 M 2 🗆 F	AGE (In yrs. Inc	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF I	01 –	of BIRTN h, Day, Year) 10-13		Country)	MARYLAND
RESIDENC	ST AGNES	HOSPITAL			1000	ALTIMORE			c. COUNT	Y OF DEA	IN .
MARYLA		BALTIMORE		10c. CIT		RIDGE				1	Od. INSIDE CITY LIMITS?  YES 2 NO
	HUNTSHIRE DE					1. ZIP CODE 2122	•			U.S.	
1 Never Me	arried 2 Merried d 4 Divorced	12. WAS DECEDENT EN FORCES? 1   IF YES, GIVE WAR	YES 2	NO	If yes, op	CENDENT OF NISP Secify Cuben, Mexic 3 2 NO Spec	en, Puerto I	I? (Specify Yes or Rican, etc.)	No- 14	Bleck, Specify:	- American Indian, White, atc.
Elementary	15. DECEDENT'S ED (Specify only highest grac y/Secondary (0-12)		(G	ive kind of . Do NOT u	B USUAL OCCUPATION WORK done during me retired.)	ON past of working	-	. KIND OF BUSINE		STRY	WHTTE
TH	NAME (First, Middle, Lest) HOMAS J. K		1. 0	AIL IN		18. MOTHER'S N	AME (First, I	Middle, Melden Sun USHAW			
19e. INFORMA	NT'S NAME (Type/Print)	(DVIICHAE)			ADDRESS (Street			ber, City or Town, S E MARY			227
ANN I	LANSINGER	(DWOGHTE:									
20e. METNOD 1 X Burlel 2	OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSITION (N	ame of	DAT				
20e. METNOD 1 LY Burlel 2 4 Donation 21. SIGNATURE	OF DISPOSITION	moval from State	20b. PLACE	AND DATE	of disposition (Noting) place)  GE CEMET  22. NAME A  LEROY	ERY ND ADDRESS OF I	ACILITY SSELL	DORS C. WIT	EY,	MARY FUNE	LAND RAL HOMES
20e. METNOD 1 W Buriel 2 4 Donation 21. SIGNATURE 23. PART I.	OF DISPOSITION  2 Cremation 3 Rein  5 Other (Specify)  E OF FUNERAL SERVICE L  Ca;  Cha;  Cause the diseasea, or ahock, or heart failure  CAUSE (Final condition	icensee  Complications that ca.  List only one cause	20b. PLACE / cametery, cre MEADO	and Date of the control of the contr	of Disposition (M.)  there of each of the control o	TERY  ND ADDRESS OF I  M. & RU  EDMONDSO	SSELI N AVE	DORS C. WIT	EY, I	MARY FUNE	RAL HOMES  MARYLANT  Approximate interval Between
20e. METNOD 1   YBurle  2 4   Donator 21. SIGNATURE 23. PART I. IMMEDIATE disease or creating in Sequentially if any, leading cause. Enter CAUSE (Disease that initiates	OF DISPOSITION 2 Cremation 3 Rein 5 Other (Specify) E OF FUNERAL SERVICE L  CAUSE (Final condition death)  y list conditions, ing to immediate or UNDERLYING lease or injury	complications that co.  List only one cause  DUE TO (OR	20b. PLACE complety, ore MEADX	eath. Do	OF DISPOSITION (N. shipt place)  ZE CEMET  22. NAME A  LEROY  1630 F  not anter tha mo	TERY  ND ADDRESS OF I  M. & RU  EDMONDSO	SSELI N AVE	DORS C. WIT	EY, I	MARY FUNE	RAL HOMES  MARYLANT  Approximate interval Between
20e. METNOD 1 Service 21. SIGNATURE 23. PART I. IMMEDIATE disease or creatiting in Sequentially if any, leading cause. Enter CAUSE (District initiated resulting in	OF DISPOSITION  C Cremation 3 Rein  S Other (Specify)  E OF FUNERAL SERVICE L  Car  Enter the diseasea, or ahock, or heart failure  CAUSE (Final conditions, ing to immediate or UNDERLY ING sease or injury delevents	complications that ce List only one cause  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	20b. PLACE cametery, cre ME-ADC  Sused the de on each line AS A CONSECTION AS	eath. Do	OF DISPOSITION (N. shipt place)  AGE CEMET  22. NAME A  LEROY  1630 F  not anter tha mo	ERY  ND ADDRESS OF I  M. & RU  EDMONDSO  Dode of dying, su	SSELL N AVE ch as card	DORS C. WIT	EY, DZKE DONSV DOLY STREET	MARY FUNE ILLE st,	LAND RAL HOMES MARYLAND
20e. METNOD 1 Suriel 2 Donator 21. SIGNATURE 23. PART I. IMMEDIATE disease or creatiting in Sequentially if any, leading cause. Enter that initiates resulting in PART II. Oth	OF DISPOSITION  2 Cremation 3 Rein  5 Other (Specify)  E OF FUNERAL SERVICE L  CAUSE (Final conditions, ling to immediats or UNDERLYING lease or injury devents death) LAST  REFERRED TO MEDICAL R?	complications that ce List only one cause  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	aused the de on aach line as A CONSEC	eath. Do	OF DISPOSITION (N. phys. place)  ZGE CEMET  22. NAME A  LEROY  1630 F  not anter tha mo  PD  PF):  In this underlyin  26. P	ERY  ND ADDRESS OF I  M. & RU  EDMONDSO  Dode of dying, su	SSELL N AVE	DORS C. WIT NIF CAT diac or respirate  24s. WAS AN AU PERFORME 1 YES 2	EY, DZKE DONSV DOLY STREET	MARY FUNE ILLE st,	RAL HOMES MARYLANT Approximate Interval Between Onset and Dea
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31. DATE FILED (Month, Day, Year)

JAN 1 0 1994

65600 40 JAN 10 534 File Color Police

BALTIMORE, MARYLAND 21215-0020	*** ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the country after death. Page 6 may be retained by the hospital or attending physic	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ed wit	al, crei
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burial-transit

oital or attending physician.

FUNERAL DIRECTOR

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COMPLETED

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the medical examiner

injury, or other traumatic event,

shows any

Item 23

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marked,

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BY

COMPLETED

BE

2

FUNERAL DIRECTOR: After within 72 hours after death

TO THE FUNERAL DIRECTOR: De filed within 72 hours after IMPONTANT: If Item 28 is

HOSPITATION ATTENDING PHYSICIAN: The law requires

PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	94 FilmG		Per F/H MARYLAND / DEP/ CERTI					MENTAL HYGIEN REG. NO.		94	00261
1. DECEDENT'S NAME		Keabin						2. DATE OF DEATH MONTH DA		YEAR 94	3. TIME OF DEATH
4. SOCIAL SECURITY I	OS68	5. SEX 1 X M 2 TF	8. AGE (In yrs. last birthda	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 4—27—25		e. BIRTI Count	HPLACE (State or Foreign try)
99. FACILITY NAME (III VETERANS RESIDENCE OF	ADMINIS'	IRATION	ZR			'IMOR		EATH	9c. COI	UNTY OF C	HTAB
10a. STATE	10b. COUNT	Y		Salti							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUM	BER				10	f. ZIP COD	E		10g. CF	TIZEN OF	WHAT COUNTRY?

3117 Ferridale AVC 21207 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: 3 ₩ Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of wo life. Do NOT use retired.)
MEDIC US ARMY 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) MEDIC U.S. ARMY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) RICHARD J. KEATING MARGARET BELL 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2423 CREIGHTON AVENUE BALTIMORE, MARYLAND 21234 SUSAN WHEAT (NIECE) 20s. METHOD OF DISPOSITION
1 Disposition | Buriel | Cremation | 3 | Removal from State | Donation | 5 | Other (Specify) | 206. PLACE AND DATE OF DISPOSITION (Name of 01/11/94 ATE 20c. LOCATION — City or Town, State MARYLAND VETERANS CEMETERY BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Duraneen 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF): heart fearluse resulting in death) Chronic obstructive Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recurrent PACOMOTIM DUE TO (OR AS A CONSEQUENCE OF): recurrent resulting in death) LAST previousnas PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Hypothypoidism - CVIMAR COMPLETION OF CAUSE 1 YES 2 NO NonDusulin Dependent Diabetes 1 YES 2 NO Reversable Liver Failure 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TYES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 Metural 5 Pending 1 YES 2 NO Investigation 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

1 😿 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

Drashat Shills M) -30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dept. of medicine VAMC-Baltimore mo

MOG 73-VAMC

Prashant M.D 31. DATE FILED (Morith, Day, 32. REGISTR

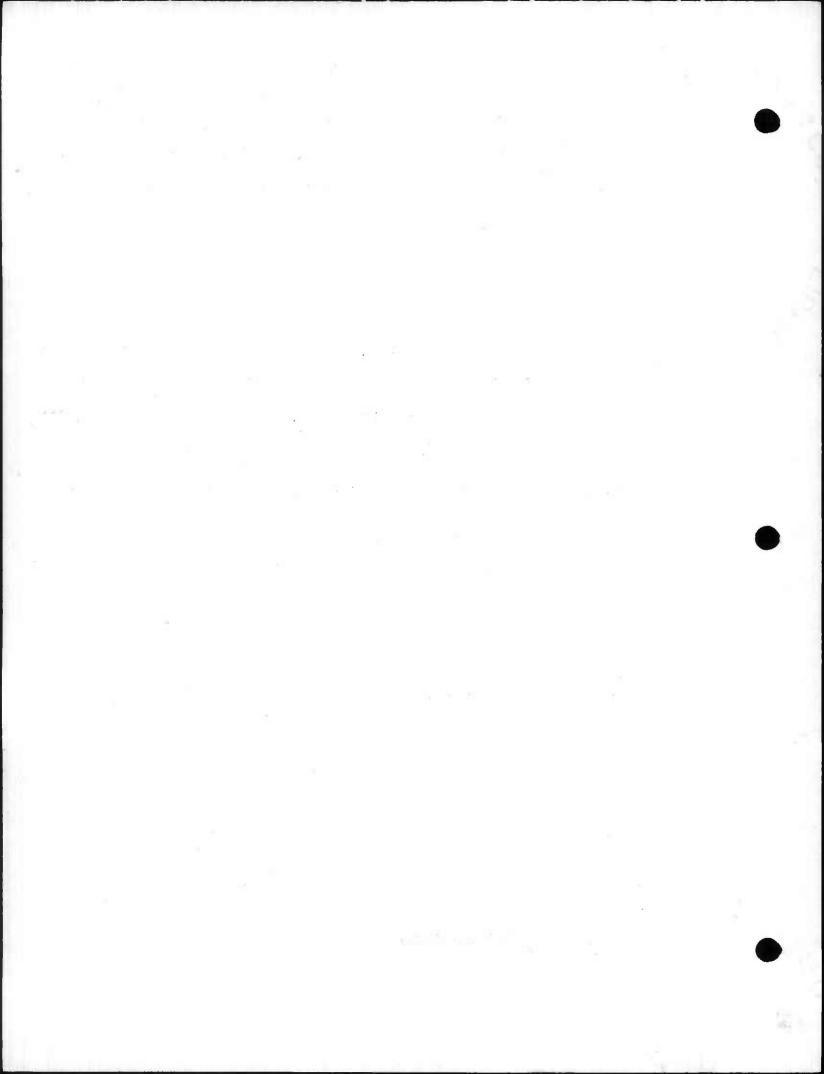
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DHMH-16 Rev 1/89

THE PERSON NOTE OF MALE AND THE

		1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPART CERTIFI	MENT OF H	IEALTH AND N	MENTAL HYGIEN	E 94	00265
		1. DECEDENT'S NAME (First, Middle, Last)	0				2. DATE OF DEATH MONTH D	AV VE	3. TIME OF DEATH
			Otilla	Josephine		ınski	January (	6 <u>, 1994</u>	
		4. SOCIAL SECURITY NUMBER 312-01-9272	5. SEX 6. A	AGE (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
Pine	- 18	9a. FACILITY NAME (If not institution, give sti		80 YAS.	AL OUTY TOWN			913	Indiana
, 2, 3 should	стоя	Meridian Long G				timore C		9c. COUNTY	OF DEATH
permit, Pages 1,	DIREC	10a. STATE 10b. COUNTY Maryland	Carroll	10c. CITY	TOWN OR LOCAT	stministe	r		10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
- ts	FUNERAL	10e. STREET AND NUMBER	7 Pine Cir	cle South		ZIP CODE		0.00	of WHAT COUNTRY? ted States
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	YES 2 NO	If yes, sp		IC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: White
or attend	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed)  Cottege (1-4 or 5 +)	16a, DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo		16b. KIND OF BU	SINESS/INDUST	
20	APL	9		Home	emaker				
4 5 6 E	COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
AYL d by t	BE (	1.17	George Mc	Carty			Mary Eller	Sheet	S_
MARY retained to 5 should	2	19a. INFORMANT'S NAME (Type/Print)	Mara a 1.1				loute Number, City or Tow		
~ 8 9 8		Catherine Sue	Morell						, Md. 21157
6 ma ctor, p		1 X Burial 2 Cremation 3 Ramo 4 Donation 8 Other (Specify)	wat from Stata	cometery, crematory or oth National	FDISPOSITION(Na er place)	Davik 4 /		CATION — City	
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Milton	1 Knight Jr		D ADDRESS OF FAC	han amena		urch Va.
ALTIM death. Page b funeral direct.	1	► milt	A CAN	Nugit of	Loons	and T. D		more, M	
BA rs after of n by the removal.		23. PART i. Enter the diseases, of co	omplications that car	used the death. Do no	Leona	de of dving, euch	CK, Inc. 5	SUS Hal	rford Road
hour filled is mation, or t, the me		ahock, pr heart fallure. L IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	list only one ediuse of	etory fair	Perce			and y arrown,	interval Between Onset and Death
P.O. BOX 687( th certificate be executed ending physician and com i Hygiene prior to burial, or other traumatic ex	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	:				
의 음 등 를	ICAL C	PART II. Other significant conditions			the underlying	g cause given in I	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
w requires that the been signed by or, of Health and shows any in	: MEDIC	Coronary and	thy dis	sase			_   To res 2	No.	OF DEATH?
TAL F The law ate has be ate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Che	ck only one)		
F VITA SICIAN: The certificate har the State D I, or item	SIC	1 VES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/	Outpatient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Rasidenca	8 Other (Specify)		
O \( \frac{2}{2} \) \( \frac{2}{2} \)	ву рну	27. MANNER OF DEATH  1 Natural 5 Pending   Accident Investigation	26m. DATE OF INJU (Month, Day, Ye		RY WO	URY AT RK? /ES 2 NO	26d. DEŞCRIBE HOW I	NJURY OCCURE	ED
ISI TEN		3 Suicide 6 Could not be detarmined	28s. PLACE OF IN- building, atc.	JURY — At home, farm, st (Specify)	reet, factory, office	•	281. LOCATION (Street in City or Town, State)	and Number or R	tural Route Number,
DI TAL OR AL DIRI 72 hour	COMPLETED	onel		knowledge, death occurred					use(a) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	BE C	296. SIGNAPURE AND TITLE OF CONTIFIER	2			29c. UCENSE NUM	BER	The state of the s	ONED (Month, Day, Year)
10 10 11 11 11 11 11 11 11 11 11 11 11 1	10	Aprilling	Ms			D2898	27	1-7	7-94
6	-	Dr. Carl Sperling	g, M.D.	5601 Loch		lvd. Balt	timore, Md	•	
		JAN 1 0 1994	39. REGISTRAR'S	SIGNATURE					

00265



	1. DECEDENT'S NAME (Eirst. Middle, Las	0	OLMIN		DEATH	2. DATE OF DEATH	0.	1 2	TIME OF DEATH
	1. DECEDENT'S NAME (First, Middle, Las EMILY	" Ritt	er	Kenda	11	MONTH 01	DAY 07	94	9:45 A
	4. SOCIAL SECURITY NUMBER 217-16-5556 M	1 🗆 M 2 💢 F	(In yrs. last birthday) 72 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 17,		MARYL	ACE (State or Foreig AND
TOR	98. FACILITY NAME (If not institution, give FRANKLIN SQUARE RESIDENCE OF DECEDENT			BALTIM	ORE	EATH		LTIMO	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	ıτγ		Y, TOWN OR LOCAT	TION				DI. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 2204 HAMILTON AV				21214			USA	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, sp	ecity Cuban, Maxica 2 NO Specifi	NC ORIGIN? (Specify on, Puerto Rican, atc.)	fee or No 1	Black, V	American Indian, Vhita, atc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a, DECEDENT'S (Give kind of vite. Do NOT us		ON est of working		. S. G	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) FREDERICK		RITTER		18. MOTHER'S NA MINNA	ME (First, Middle, Meld	on Sumame)	UNKNO	OWN)
TO B	190. INFORMANT'S NAME (Type/Print) HARRY WALTER KEN	DALL	196. MAILING 2204	HAMILTON	AVENUE	Poute Number, City or 1 BALTIMORE	, MD .	21214	
	20a. METHOD OF DISPOSITION 1     Buriel 2   Cremation 3   Ra 4   Donation 6   Other (Specify)		b. PLACE AND DATE OF THE COMPANY OF			0ATE 20c.	OCATION — CI		
L CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. Due To (OR AS	A CONSEQUENCE OF	and Em	pyema		UN AUTOPSY		Interval Bat Onset end
SICIAN: MEDICAL	I. 25. WAS CASE REFERRED TO MEDICAL	MALNUTRITION pancreatitis		26. PI	LACE OF DEATH (Ch	1 □ YES	ORMED?	CC	MILABLE PRIOR TO OMPLETION OF CAU F DEATH?  YES 2 NO
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Out		OTHER: 4 Nursing Horr	se 5 🗆 Residence	6 Other (Specify)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. OATE OF INJURY (Month, Day, Year)	26b. TIM	JURY WO	IURY AT DRK? YES 2 NO	26d. DESCRIBE HOV	INJURY OCCU	IRED	
	3 Suicide 8 Could not b	e 28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, socify)	street, factory, offic	•	281. LOCATION (Stree City or Town, Ste		r Aurel Aoul	te Number,
COMPLETED	anal	SICIAN: To the best of my known							nd manner se stat
BE	29b. SIGNATURE AND TITLE OF CERTIF	EN 0000	X	MD	29c. LICENSE NUI	ABER	29d. DATE	SIGNED (M	lonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON V	vHo completed calle or b MCGinley 900			מם פת	LTO. MD.	2123	37	1
6	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIG	NATURE	<u> </u>	DIC. DE	LIU. III.	2000	· ·	

12 2

LICKK

U. J. UUV1

RITTER

(UNKNOWN)

2204 HAMILTON AVENUE BALTIMORE, MD. 21214

1/10/94 BALTIMORE, MD

OAK LAWN CEMETERY

4

FREDERICK

HARRY WALTER KENDALL

marked the second

BALTIMORE, MARYLAND 21215-0020	age 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, :
II AL MECONDS, P.O. BOX 68760, BALTIMORE,	N: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	cate has been signed by the attending physician and completely filled In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	- N	Stat

DIVISION OF VI TO THE HOSPITAL OR ATTENDING PHYSICIAN.

1 TEMS: 28a,c,d, deleted PER MEO FILM G-710 4/18/94 t.t

1 - FOR STATE STATE STATE CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

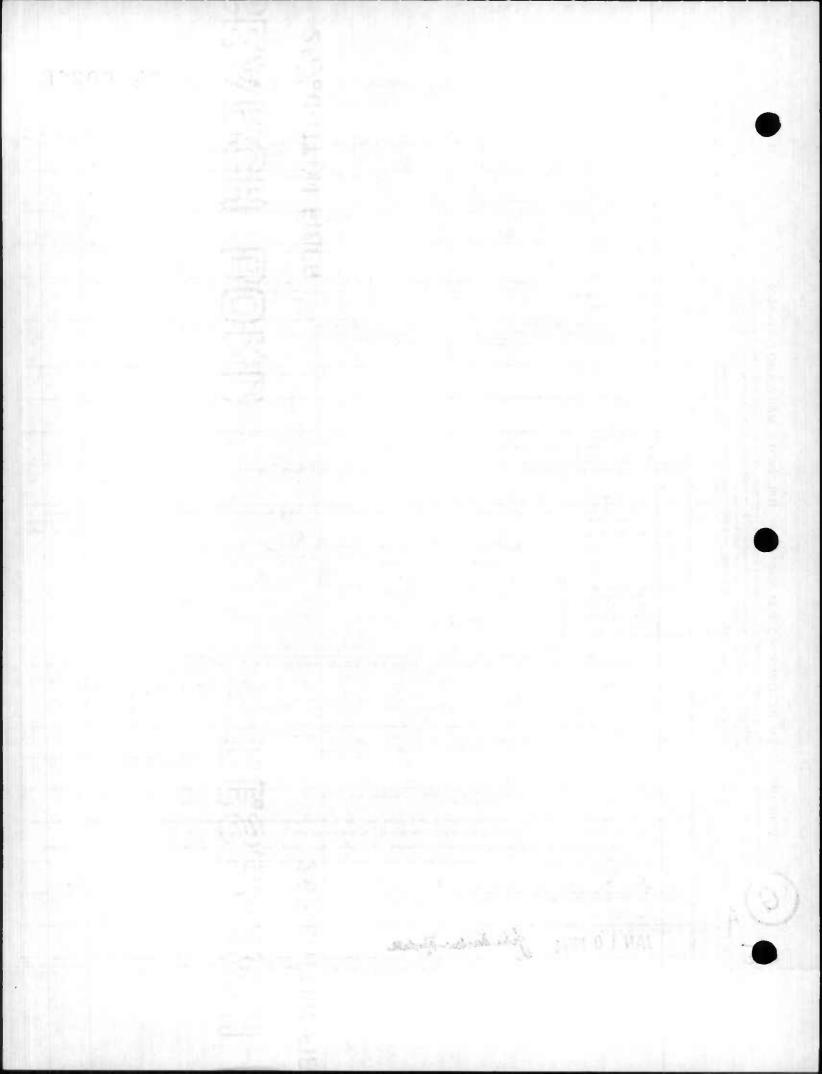
	1. DECEDENT'S NAME (First, Middle, Last)  GLADYSoMoKIRSCHGladys Mary Kirsch  2. DATE OF DEATH MONTH DAY  YEAR  9. 15									9.15	
	4. SOCIAL SECURITY NUM 2/9-/0					IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	2.	6. BIRTHPLAC	E (State or Foreign
					J_ 11101			12/31/	00		laryland
	Sa. FACILITY NAME (IF NOT I	HOSE	COLP 10	ONBA	COADWAY	· ·	OR LOCATION OF C	D 2/23/	9c, COUN	ITY OF DEATH	
3	RESIDENCE OF DE	10b. COUNTY			10c CIT	Y, TOWN OR LOC	ATION / 10		407.4 44.	W.T. 4.3 104	INCIDE CITY
DINECTOR	CM		Baltimo	ore	0.00	347/3/4	1109	STADINT A	CIM PUI	170	TES 2 X NO
-	104. STREET AND NUMBER	R	04101111	01.0			Of, ZIP CODE	STOWY /		ZEN OF WHAT	
LONERAL		1046	Old Nort	th Poi	nt Roa		11, 11, 11, 11, 11, 11, 11, 11, 11, 11,	1222		ited St	7.7.2.20.00.00.00.00
	11. MABITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED		CENDENT OF HISPA	NIC ORIGIN? (Specify		14. RACE — A	merican Indian.
	1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 2	г Х⊓ио		S 2 NO Spec	an, Puerto Rican, atc.] lly:		Specify:	IA, OIC. SHITE
	15. DE	CEDENT'S EDUC	CATION completed)	16		USUAL OCCUPAT		16b. KIND OF	BUSINESS/IND	USTRY	
COMPLEIED	Elementary/Secondary	- 1	College (1-4 or 5 d	+)	Ille. Do NOT us	se retired.)	lost or working		F		
	12				Clerk	A&P			Food		
3	17. FATHER'S NAME (First, I		nodoni ali	Vin	oh			AME (First, Middle, Mai			
u l			rederick	KITS				Agnes	Coste		
2	19a. INFORMANT'S NAME							Route Number, City or			
		netana						en Arm, M			
	20a. METHOD OF DISPOSI 1 ☑ Burlel 2 ☐ Cremati	ion 3 🗆 Remo	oval from State	20b. PL	ACE AND DATE	OF DISPOSITION (/			LOCATION - C		
	4 Donation 5 Othe		ENCEE				1/11/		altimor		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland 2121										
	Melte	er k /	mont			Leon	ard J. R	uck, Inc.	5305 H	Harford	Road
	resulting in death)		DUE TO	(OR AS A CO			LINF	ARRTION	V		
CALION	Sequentielly list conditions, leading to immecause. Enter UNDERLY CAUSE (Disease or in	ediate YING	DUE TO	(OR AS A CO	ASC PASEOUENCE O	VD FI:	LINE	PAR 127101	<b>V</b>		
EHILICATION	Sequentielly list condi if eny, leading to immo cause. Enter UNDERLY	ediate YING Jury	DUE TO	(OR AS A CO	ASC	VD FI:	L (NE	PAL 12 7100	v		
	Sequentielly list conditions, leading to immease. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LA:	ediate YING Jury	DUE TO	(OR AS A CO	ASC PASEQUENCE OF	VA FI:			S AN AUTOPSY	24b. WERI	E AUTOPSY FINO
	Sequentielly list conditions, leading to immeasure. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:  PART II. Other eignific	ediate YING Jury ST	DUE TO  DUE TO	(OR AS A CO	ASC PASEQUENCE OF	VA F): F):	ng cause given li	n Part I. 24a, WAS	AN AUTOPSY FORMED?	AWAIL	ABLE PRIOR TO PLETION OF CAU
EDICAL	Sequentielly list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LA:  PART II. Other algnification.	ediate YING lury ST cant condition	DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO	ASC  INSEQUENCE OF  INSEQUENCE OF  INSEQUENCE OF  INSEQUENCE OF	In the underlyl	ng cause given li	n Part I. 24a, WAS	S AN AUTOPSY	AWAIL COMI OF D	ABLE PRIOR TO PLETION OF CAU EATH?
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PHTSICIAN: MEDICAL	Sequentielly list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LA:  PART II. Other algnification of the condition of the co	ediate (ING) ST  Cant condition FL7EN SY	DUE TO  DUE TO  C.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO  (OR AS A CO  death but r  //// /// /// /// // ER/Outpetle  INJURY /// /// // (N) /// /	ASC PASEQUENCE OF PASEQUENCE O	In the underlyl  ACOA  OTHER: 4   Nursing Ho  E OF   28c.	ng cause given in	Part I. 24a. WAS PER 1 YES	S AN AUTOPSY FORMED? S 2 NO	OF D	ABLE PRIOR TO PLETION OF CAU EATH? YES 2 NO
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EU BY PHYSICIAN: MEDICAL	Sequentielly list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injusted in the initiated events resulting in death) LA:  PART II. Other algnification of the condition of	ediate ring start condition and condition real cond	DUE TO  DUE TO  DUE TO  C.  DUE TO  DU	(OR AS A CO  (OR AS A CO  death but it	PSC INSEQUENCE OF INSEQUENCE O	In the underlyle  ACOA  OTHER: 4   Nursing Ho  E OF   28c. II  URY   1	ng cause given in	TO A Part I.  24a. WAS PER 1 YES  Theck only one)  6  Other (Specify)  28d. DESCRIBE HO	S AN AUTOPSY FORMED? S 2 NO  OW INJURY OCC  OUT INJURY OCC  OUT INJURY OCC  OUT INJURY OCC  OUT INJURY OCC  OUT INJURY OCC	OMAN COMMO OF D	ABLE PRIOR TO PLETION OF CAU
ED BY PHYSICIAN: MEDICAL	Sequentielly list condification of the sequential of the sequentia	ediate YING ST  cant condition  RT E S  TO MEDICAL  Pending Investigation  Could not be determined	DUE TO  DUE TO  DUE TO  C. DUE TO  DUE	(OR AS A CO  (OR AS A CO  death but to  (OR AS A CO  ER/Outpetle  INJURY  FINJURY  Stc. (Specify)	PSC INSEQUENCE OF THE PROPERTY	In the underlyl  ACOA  OTHER: 4   Nursing Ho  E OF   28c. IP  FURTY M   1      street, fectory, off	ng cause given in	TO A Part I.  24a. WAS PER 1 YES  Theck only one)  6  Other (Specify)  28d. DESCRIBE HO	S AN AUTOPSY FORMED? FORMED? S 2 NO DW INJURY OCC	OWAN COMMON OF D	ABLE PRIOR TO PLETION OF CAU
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAN	TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the h	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained in the funeral director, page 5 should be detained.	whin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	
6	-	1	The Park	ĺ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	00268
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	I. DECEDENT S NAME (First, MICON, LES	2. DATE OF DEA MONTH	DAY	YEAR 994	3. TIME OF D						
	4. SOCIAL SECURITY NUMBER	Edna V	Keil     (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	гн	6. BIRTH	2:00 PLACE (State of	A .	
	217 01 2614	1 □ M 2 🔀 F	89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 1 04/29/		Mar	yland		
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DIRECTOR	Milford Manor	Nursing Cen	ter	Baltim	ore		Bal	timo	re Cou	ınty	
E C	10a. STATE 10b. COUN	NTY	10c. CIT	TY, TOWN OR LOCA	ATION				10d. INSIDE (	YTK	
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u		Abraham McI	Kay			lia					
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural						
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	20e. METHOD OF DISPOSITION 1- Burlel 2 Cremellon 3 Re	amoval from Stale	b. PLACE AND DATE			1	Oc. LOCATION —				
	4 Donation 5 Other (Specify) Md. State Veterans Cem. 1// Crownsville, Maryland										
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY GEORGE J. Gonce Funeral Home P.A.										
	Hymna / Transsectiffe   4001 Ritchie Hwy. Baltimore, Md. 21225										
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) Harry	H.	+	SAS-	TER	2. DATE OF DEATH	N 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 109-03-4154	5. SEX 6. AGE	(In yrs. lest birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1912	BIRTHPLACE (State or Foreign Country) RUSSIA
стов	98. FACILITY NAME: (If not institution, give s 12001 OLd Columb		4		R LOCATION OF DE		9c. COUNTY	
RECT	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNT	Y	10c. CITY	, TOWN OR LOCAT			1.07.0	10d. INSIDE CITY
AL DIRE	Maryland Moni	tgomery	Si	lver Sp	ring ZIP CODE		10g, CITIZEN	1 YES 2 NO
FUNER,	12001 Old Columb	pia Pike #51	4		20904			SA
BY FU	11. MARITAL STATUS  1 Never Married 2X.X. Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN acity Cuban, Maxica 2 XNO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DECEDENT'S I	USUAL OCCUPATION ork done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUS	
COMPLE	Elementary/Secondary (0-12)	1000	Operator		Groce	O h I I		
CON	17. FATHER'S NAME (First, Middle, Last)			100000		ME (First, Middle, Melden		
113	Joseph Jacob Kos 1911. INFORMANT'S NAME (Type/Print)				(Unknown)			
TO BI	Ruby Kaster					Route Number, City or Tow		oo) Spring, MD 2
	20a. METHOD OF DISPOSITION 1/ Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20t	petery cremetory or off Udean Mei	E DISPOSITION (A) a	mo of	DATE 200 LO	CATION - City	OPACHA MD 2 or Town, State Wyland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	nyer	STEIN	HEBREW N	EMORIAL FI	INERAI	HOME, INC. ON, DC 20012
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF	):		D1250		
	PART II. Other significent condition	s contributing to death b	out not resulting in	n the underlying	cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
: MEDICAL						1   YES 2	⊠ NO	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ock only one)		
YSICI,	1 VES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Ouis		OTHER: 4 - Nursing Home	5 Residence	B Other (Specify)		
ву Рн	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 N	RK? ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	EO
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Spec	— Al home, larm, at cify)	reet, lactory, office		281. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
BE COMPLE		CIAN: To the best of my know R: On the besis of examination						suse(a) and manner as stated
O BE (	29b. SIGNATURE AND THE OF CERTIFIER	Saules	-	Con	29c. LICENSE NUM	BER 25-46	29d. DATE SI	GNED (Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO	completed cause of de	ATH (ITEM 27) (Type,	Print) 824	800	Scous	(1)	ACR
	31. DATE FILED (Month, Day, Year)  JAN 1.0 1994	Julia Burden	ATURE PROJECT			-		

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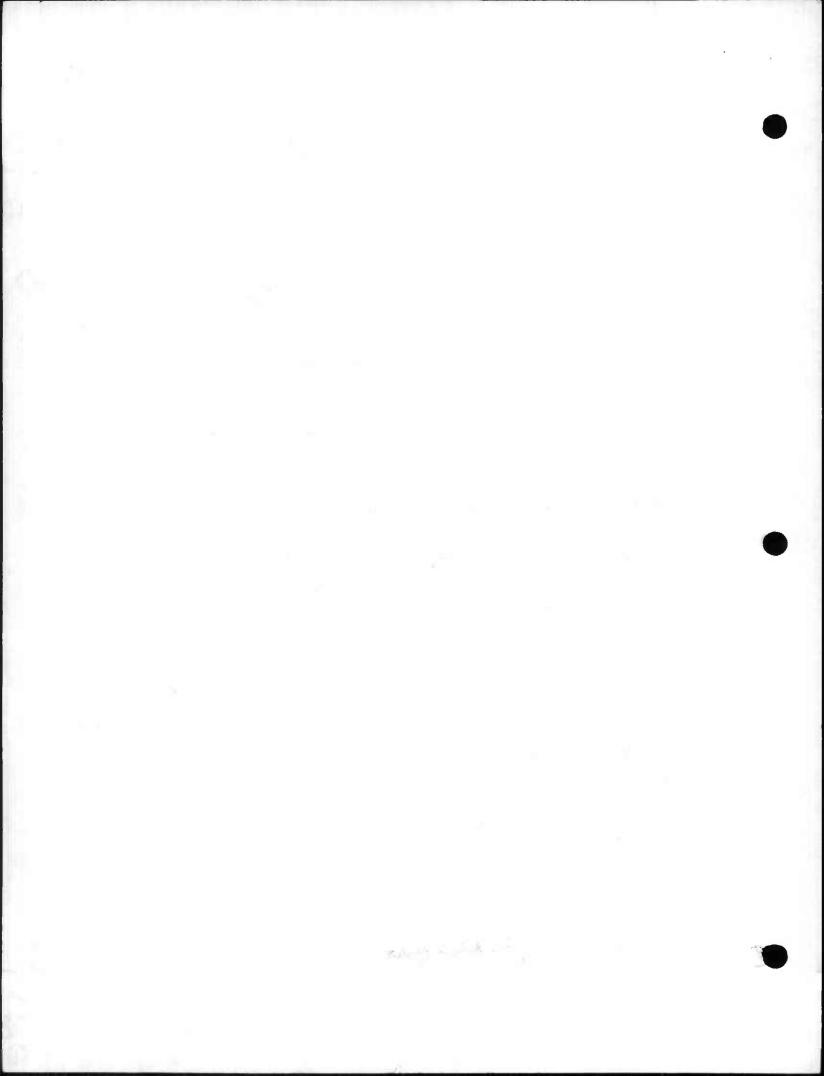
		PA
		the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	e 2
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR		STATE OF N	IARYLAN	ID / DEPAR Certif						GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					·OAT		DEA		2. DATE OF DE			3. TIME OF DEATH	-
	Charles Kra	mer								Januar	DAY		8:20 P.	M
	4. SOCIAL SECURITY NUMBER	1	5. SEX 6. AGE (In yrs. last birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIR	тн	8.1	BIRTHPLACE (State or Foreign		
1	124-28-9212	2	1 💢 M 2 🗆 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Duy, 11/24)	/36		rooklyn, N.Y.	
1	9a. FACILITY NAME (If not institu	tution, give st	reet and number)			9b. CITY	r, TOWN O	R LOCATION	ON OF DE				OF DEATH	_
NO NO	VA Medical	Cente	r, Baltim	ore		В	ALTI	MOR	E					
당	RESIDENCE OF DECE	DENT			140. 077	V 7010								
DIRECTOR	MD		ford		-	Y, TOWN		ION					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	naı	TOPU		B	altin		. ZIP CODE			10.	- OTITEN	1 YES 2 X NO	_
NA I	1114 E. Van	allard	l May					21015			105			
FUNERAL	11. MARITAL STATUS	J	12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.			-	IIC ORIGIN? (Spec	cify Yes or N	US:		-
	1 Never Married 2 Ma		FORCES? 1 IF YES, GIVE W	YES 2	2 NO		If yes, spe	ecify Cube	n, Mexica	n, Puerto Rican, e	rtc.)		RACE — American Indian, Black, Whita, etc. Specify:	
BY	3 Widowed 4 Divorce	rd	4					-/(_]	Gpoony	•			White	
COMPLETED	15. DECEDI (Specify only hi	ENT'S EDUC	CATION completed)	16	(Give kind of the Do NOT us	USUAL O	CCUPATIO	N st of worldn	a	16b. KIND	OF BUSINES	SS/INDUST	TRY	
"	Elementary/Secondary (0-12	2)	College (1-4 or 5 +											
M	12		2		Real Es	state	Apr							
	17. FATHER'S NAME (First, Middl		C							ME (First, Middle,				1
M M	Charles P. K		r Sr.		T 404 . 444 H H 10					rite Ro				4
2	Janice Fergu	- /			t .					Route Number, City			ole)	
				20h PI	ACE AND DATE				Johl	pare 2			or Town, State	-
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 4 Donation 5 Other (Sc	3 - Remo	ovel from State		tro Cre			1710 07	1/5/	1			e, Md.	
1 1	21. SIGNATURE OF FUNERAL S		ENSEE	1 110	010 010	22.	NAME AN	D ADDRES			Dare	THOT	5, Mu.	$\dashv$
	E.F. Lassahn Funeral Home													
	23. PART I. Enter the dise	ases, Dr C	omplications that	caused th	ne death. Do i	not enter	the mo	de of dyl	ng, suci	h as cardiac or	respirato	ry arrest.	, md. 21087	-
	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	rt fallure. L	a. DUE TO	on each	onsequence o	Oy	gan	4					Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
: MEDICAL	PART II. Other significant	conditions	s contributing to	death but	not resulting	In the ur	nderfyling	) cause (	jiven in	- р	MAS AN AUTO PERFORMED YES 2 1	17	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO M	MEDICAL					26. PL	ACE OF D	EATH (Chi	ick only one)			IVIA	$\dashv$
SIC	EXAMINER?		HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHE		• 5 □ Re	aldence	8 Other (Speci	(fv)			1
₹	27. MANNER OF DEATH		28a. DATE OF (Month, De		28b, TIM	_	28c. INJ			28d. DESCRIBE	**	TY OCCUR	ED	┪
BYF	1 Natural 5 Per 2 Accident Inve	nding estigation	(IMOND), De	sy, rous)	1	M		ES 2	NO					1
8	3 Suicide 6 Con	uid not be termined	28e. PLACE Of building,	28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)			lory, office			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Bural Route Number,	
COMPLET	and and		CIAN: To the best of a:										suse(s) and menner as stated,	1
ш	296. SIGNATURE AND TITLE OF	F CERTIFIER					\	29c. LICE	NSE NUW	IBER	290	d. DATE SI	GNED (Month, Day, Year)	$\forall$
80	Merus	lea	- Chin	(	S. MAR	WAHA	• )	1			•	1/:	3 /94	
2	30. NAME AND ADDRESS OF PI	ERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type		+ He	14.0	L.(	2120		,		1
	31. DATE FILED (Month, Day, Yea	IVERN	32. RIBISTRA	R'S SIGNATU	IRE_	V /	L M.C	> b.	14	21201	1			$\dashv$
	JAN 1 0	1994	grotie	huidan	- Books	2								





YEAR

94

3. TIME OF DEATH

Approximata Interval Between Onset and Death

Pennsylvania BALTIBORE

2-55 AM

2. DATE OF DEATH

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARGARE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETE

017

296. SIGNATURE AND TITLE OF CERTIFIER

JAN 1 0 199

UBJANTHA YAI

36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	215-10-8208		(In yrs. leat birthday)	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)	e. BIRTHPLACE (State or Foreign Country) Pennsylvan
O.B.	90. FACILITY NAME (If not institution, give PAKSOUR	street and number)	PENIC			A LTIN	DEATH	9c. COUN	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN  MAKYLAND  K	DALTINO KE	10c. CI		OR LOCAT				10d. INSIDE CITY LIMITS? 1YES> 2 NO
FUNERAL	106. STREET AND NUMBER 2432	KEYWA			101.	ZIP CODE	22		ZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13	If yes, spe	ENDENT OF HISP ecity Cuben, Mexi 2 M NO Spec	can, Puarto Ric	Specify Yes or No-	14. RACE — American Indian, Black, White, stc. Specify: White
CO EL. E.C.	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 yrs		16a. DECEDENT'S (Give kind of life. Do NOT)	f work done use retired.	during mos	N st of working		. Office	USTRY
5	17. FATHER'S NAME (First, Middle, Last)						IAME (First, Mid	dle, Malden Surname)	
10	Joseph Paukne	er				Marga			
2	19a. INFORMANT'S NAME (Type/Print)  Robert E. CLa	arko						City or Town, State, Zip	
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE				. , Dun	dalk, Md.	
	X ⊠ Burial 2 ☐ Cremation 3 ☐ Real 4 ☐ Donation 8 ☐ Other (Specify)	moval from State	metery, cremetory or MoreIan	other place		iol Do	m la		imore, Md.
	Cousey M.	De Down Do	00083	2:	134	Willow	Spri	ng RdB	altimore.
	23. PART I. Enter the diseases, pr	complications that cause List only one cause on	od the death. Do each line.	not ente	tha mod	Willow da of dying, su	Spri	ng Rd., B	altimore, lat. Approximate Interval Betw
HOUSE HOLDEN	23. PART I. Enter tha diseases, prahock, prhaert fellure immediate cause. (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	aDUE TO (OR AS	od the death, Dp each line.	P L l	tha mod	Willow da of dying, su	Spri	ng Rd., B	altimore, lat. Approximate Interval Betw
CENTIFICATION	23. PART I. Enter the diseases, prescribed in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlittated events resulting in death) LAST	a. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	od the death, DD each line.  R R T A CONSEQUENCE ( A CONSEQUENCE (	DF):	G W	WILLOW da of dying, su	Spri	ng Rd., B	altimore, lat. Approximate Interval Betw
	23. PART I. Enter the diseases, prahock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	od the death, Do each line.  R T A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF THE CONSE	DF):	G W	WILLOW da of dying, su	Spri	ng Rd., B	altimore, Approximate interval Betwoen and D
	23. PART I. Enter the diseases, prescribed in the process of the p	a. List only one cause on  BUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	od the death, DD each line.  R TI A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	PC In the up of the position o	G W	Millow da of dying, su ANCY	Spri	ng Rd., B c or reapiratory arre	altimore, Approximate interval Betwoonset and D
MEDICAL	23. PART I. Enter the diseases, prescribed in the process of the p	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	od the death, DD each line.  R TI A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	PC In the up of the position o	G W	Millow da of dying, su ANCY	Spri	ng Rd., B c or reapiratory arre	altimore, Approximate interval Betwoonset and D  24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
	23. PART I. Enter the diseases, prescribed in the process of the p	a. LIV ( DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	od the death, DD each line.  R TI A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	not enter  A L 1  OF):  OF):  In the u  1 0 PS	G W	Millow da of dying, su ANCY	Spri	ng Rd., B c or reapiratory arre	altimore, Approximate interval Betwoonset and D  24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
	23. PART I. Enter the diseases, prescribed in the process of the p	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	od the death, DD each line.  ERTI A CONSEQUENCE OF A CONS	PSOPS	G W	de of dying, su  ANCY  cause given to	Sprinch as cardia	ng Rd., B c or respiratory arre	altimore, Approximate interval Betwoonset and D  24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, prescribed in the process of the p	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	od the death, Do each line.  R TI A CONSEQUENCE Of A CONSEQUENCE Of But not resulting R R R TION THKOM	A L   OFF:   O	G W  anderlying  28. PL  28. INJU  28. WO	Cause given to	Spri	ng Rd., B c or respiratory arre	24b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO

Margaret

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

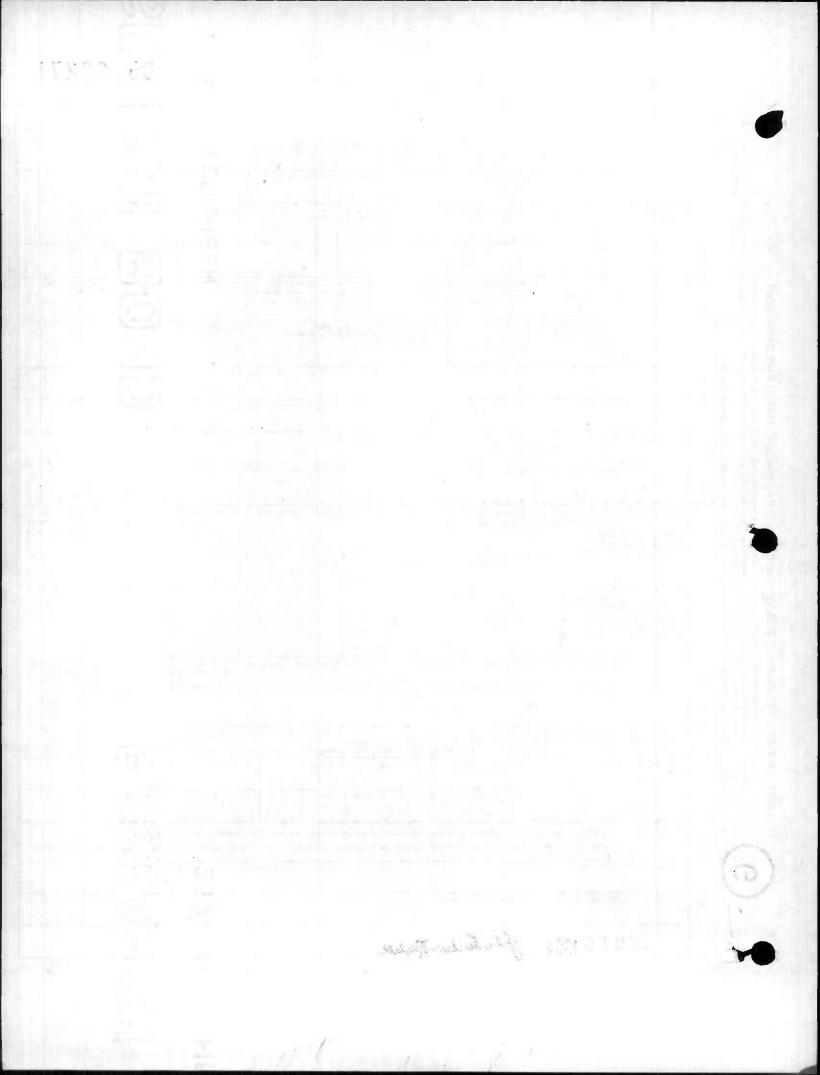
Kidd

N AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 2 NO 1 YES 2 NO INJURY OCCURED and Number or Rural Route Number, 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and m 29d. DATE SIGNED (Month, Day, Year) STAFF 94 CENTER

29c. LICENSE NUMBER

HOWE

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?	ate	S	d	-
DIVISION OF MAL ALCOHOS, 1.0. DOX	TO THE HOSPITAL OR ATTENDING THIS PARK THE law requires that the death certificate be e	TO THE FUNERAL DIRECTOR And the common has been signed by the attending physician	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	IMPORTANT: It tem 28 is marked, or them 23 shows any injury, or other traum
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1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY
TOCEDII	T 7 7 7 7	01 00

	1. DECEDENT'S NAME (First)	, Middle, Last)								2. DATE OF DEATH	NY.	YEAR	3. TIME OF DEATH
	JOSEPH		LAZAR							01 09 94			4 F . H
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)		
	214-38-9606	5	1 M 2   F	58	YRS.	INCHI I III	DATS	NOUNS	MIN.	03-01-36			HUNGARY
	9e, FACILITY NAME (If not in	nstitution, give st	reet and number)			96. CITY	, TOWN	R LOCAT	ION OF DI	EATH	9c, 000/11	NTY OF D	EATH
6	1120 WTT	SON AV	ENUE				CATO	VSVI	LLE		(C)	76	Imora
EG	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
DIR	MARYT AND	_	Raltimore				CA	TONS	VILL	E			LIMITS?  1 YES 2 NO
AL	10e. STREET AND NUMBER		O.T.L. IIII CITE				10	ZIP CO	OE 30		10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL DIRECTOR	1120 WILS	SON AV	ENUE					2	1207				U.S.A.
5	11. MARITAL STATUS			T EVER IN U.S. ARI						NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No-	14. RACE Black	E — American Indien, k, White, etc.
BY F	1 Never Merried 2 3 Widowed 4 Olyc			MAR OR OATES				2X NO	Specif	y:		Speci	
		EDENT'S EDUC	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATI		INGAR	TAN 16b, KIND OF BU	SINESS/INC	DUSTRY	WHITE
COMPLETED		ly highest grade		(GI	ve kind of	work done se retired.)			dng				
PL	12	,,,	Dollage (1-4 of 5		YOT.	& DTI	Z MA	KER		F &	G TO	% AC	DIE
ON	17. FATHER'S NAME (First, N	fiddle, Last)							THER'S NA	AME (First, Middle, Maiden	Surname)		
BE C								M	IARTA	KOVACS			
TO E	190. INFORMANT'S NAME (			198	. MAILING	ADDRES	S (Street	nd Numb	er or Rural	Route Number, City or Tov	m, State, Zip	Code)	
-	GENETVETVE .	ICINES '	(FRIEND)							ATONSVILLE			
	20s. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	20b. PLACE other pla	OF DISPO	SITION (N	ame of ce	metery, cre	ematory or	20c. LC	CATION —	City or To	own, State
	4 Donation 5 ☐ Other		ENSEE 7	7		22.	NAME A	NO AOOR	ESS OF FA	VCILITY		-	
		7	7								ITZKI	E FU	NERAL HOMES
	23. PART I. Enter the d	u	ceza										Approximata
CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injury)	tions, ediata	b	O OR AS A CONSEC	DUENCE C	PF):	CA	Rd	TOVA	SOUJARO	Dic	AS 2	Onset and Death  CLARS
ERTIFI	that initiated events reaulting in death) LAS		d.	O (OR AS A CONSEC	DUENCE C	)F):							
	PART II. Other algorific	ant condition	a contributing to	o death but not r	eaulting	In the u	nderiyir	g cause	given in	Part I. 24s. WAS AI		248	. WERE AUTOPSY FINDINGS
EDICAL	ChRo	mic	Alc	chelis	n					1 YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													1 TES 2 NO
N.													
PHYSICIAN:	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only one)			
YSI	1 NES 2 NO		1 Inpetient 2	☐ ER/Outpatient 3		4 🗆 Nu	raing Ho		Residence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIBE HOW	INJURY OC	CURED	
	3 Suicide 8 1	Could not be determined		OF INJURY — At he i, etc. (Specify)	me, farm,	street, fac	ctory, offi	ce .		28t, LOCATION (Street City or Town, State		r or Runal	Route Number,
COMPLETED	29a. CERTIFIER (Check only one)	/								e to the cause(e) and mo			e) and manner ee stated.
BE	29b. SIGNATURE AND TITL	E OF CHIPFIE	Min	ampon	ET.	KI		29c. LI	ICENSE NU	IMBER 177 /	29d. DAT	1 g	Mynth. Day, Year)
5	30. NAME AND ADDRESS O	F PERSON WIT	O COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)	5	FP	ada	RICKA	6	0	magain
	31. DATE FILED (Month, Day JAN 1	0 1994	52. SEGISTI	AR'S SIGNATURE		7				71	-	ma	21228
			1 1000	BARLAT CO / Back J file	Table 1								

TO THE HIGHTAIN OF VITAL RECORDS, P.O. BOX 68760,

TO THE HIGHEN HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HURRAL MORECURA HARM this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should law within 72 hours attending physician and purial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	4 002/3
	1. DECEDENT'S NAME (First, Middle, Last KA		L	EVIN	2. DATE OF DEATH MONTH JANUARY 6,19	94 3. TIME OF DEATH 12:30 AM M
	4. SOCIAL SECURITY NUMBER 2.18-46-1199	1 🗆 M 2 💢 \digamma	93 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) MARCH 21,1900	
TOR	90. FACILITY NAME (If not institution, give  NORTH OAKS HEA  RESIDENCE OF DECEDENT			PIKESVILLE	DEATN 9c. CC	BALTIMORE
DIRECTOR	10a. STATE 10b. COUN	BALTIMORE	10c. CITY,	TOWN OR LOCATION PIKESVILLE	3	10d. INSIDE CITY LIMITS? 1 YES 2X NO
	104. STREET AND NUMBER	AND INITED OOF		101. ZIP CODE		STIZEN OF WHAT COUNTRY?
BY FUNERAL	725 MT WILSON LA  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2 PTMO	13. WAS DECENDENT OF NISPA If yea, apacity Cuban, Mexic 1 YES 2 M NO Spec	ANIC ORIGIN? (Specify Yea or No-	USA  14. RACE — American Indian, Black, White, atc.  Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest gran Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)		SUAL OCCUPATION It done during most of working retired.)	16b. KINO OF BUSINESS/I	
BE COM	17. FATHER'S NAME (First, Middle, Last) USHER BETTIGOLE		1,000	18. MOTHER'S N	AME (First, Middle, Malden Surname SE KELLAM	
TO B	196. INFORMANT'S NAME (Type/Print) MR NATHAN LEVIN		19b. MAILING A 725 M	DDRESS (Street and Number of Rura P WILSON LANE,	Noute Number, City or Town, State, UNIT 225 BALT:	Zip Code) IMORE,MD 21208
	200_METHOD OF DISPOSITION  FM-Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE LUX	ù	AH (AITZ CHAIM  22. NAME AND ADDRESS OF F  SOL LEVINSO  6010 REISTER	) 1- 7 -94 BAL ACLITY N & BROS., INC. STOWN ROAD BAL	TIMORE, MD 21215
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. List only one cause on	each line.	ARAN (AN)		interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO (OR AS	A CONSEQUENCE OF:			
MEDICAL	PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER  1 YES	HOSPITAL:		PAGE OF DEATH O	AKS Other (Secondary	
ву Рну	1 Naturn 5 Pending 2 Accident Investigation	DATE OF INJURY (Month Day, Year)	28b. TIME	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. OESCRIBE HOW INJURY (	
	3 Suicide S Could not b 4 Nomicide determined	28a. PLACE OF INJUR building, atc. (Sp	RY — A1 home, farm, atrectly)	eet, factory, office	281, LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,
COMPLETED	Anni			at the time, data and place, and du in my opinion, death occured at th		stated.  the cause(a) and menner as stated.
TO BE C	295. SIMMATURE AND TITLE OF SERTIF	1 /20	DEATH (ITEM 27) (Type, F	29c. LICENSE NO	JMBER 29d. D ▶	ATE SGNED (Month, Day, fear)
	31. DATE FILED (Month, Day, Year) JAN 1 0 199	32. RESSMART AND SECOND	NATURE Hands	Ç		0.00

AND STATE OF THE S

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)				CATE OF	22711	REG. NO  2. DATE OF DEATH MONTH D		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	J. +	OAR				01 0	7 9.	4 1405
	556 78 4003T	5. SEX	6. AGE (In yrs. is		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Fore Country)
	90. FACILITY NAME (If not institution, give		94		9b. CITY. TOWN	OR LOCATION OF DE	12-2/-7	9c. COUNTY	W. VA
CTOR	St. Agnes Hos				Baltim			====	
DIRECT	RESIDENCE OF DECEDENT  10a. STATE  Maryland  10b. count  10c. count		town or Local	10d. INSIDE CITY LIMITS? 1 A YES 2					
FUNERAL	100. STREET AND NUMBER  22 S. Athol Av	enue			10	21229			S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	s or No— 14.	RACE — American India Black, White, atc. Specify: White
TED	15. DECEDENT'S EDUCATION 18e. DECEDE (Specify only highest grade completed) (Give kir				JSUAL OCCUPATE ork done during metired.)	ION ost of working	16b. KINO OF BU	SINESS/INDUST	TRY
MPLET	5th Grade	College (1-4 or 5	+)	lousew			Home	Maker	
8	17. FATHER'S NAME (First, Middle, Last)	Mason I	Hamman			And the second second second	ME (First, Middle, Maiden nnah Corr		
BE	19a. INFORMANT'S NAME (Type/Print)	TUSUIT I		96. MAILING /	ADDRESS (Street		Route Number, City or Tow		de)
٩	Norma Bourke				- 3rd St		Baltimore		
T	20g. METHOD OF DISPOSITION  1 DATE 20c. LOCATION — City or Town, State  20g. PLACE AND DATE OF DISPOSITION (Name of cameleng grapher of an all places)  1 DATE 20c. LOCATION — City or Town, State								
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ Ceua	L HII.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.  4001 Ritchie Hwy. Baltimore, Md. 21225								
ERTIFICATION	disease or condition resulting in death)  a. CatdTo - NOS pita from Failure  DUE TO (OR AS A CONSEQUENCE OF):  b. CatdTo - NOS pita from Failure  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other algniticant condition	na contributing to	deeth but not	reculting in	the underlyin	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIL AWAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 N
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/Dupadlari		OTHER:	LACE OF DEATH (Ch	5 - S		
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE Of	FINJURY	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office builtding, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Rural Route Number,	
7 1	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated.								
COMP	396-SIGNATURE AND TITLE OF CERTIFIER  See Mid Medital Rosdert SH-820  1-7-9-4								
TO BE COMPL	396 SIGNATURE AND TITLE OF CERTIFIE	e Mil	Modifies of Death (IT)	al K	as Let	29c, LICENSE NUI	S20	29d. DATE SI	GNED (Month, Day, Year)

SECTION OF THE PROPERTY OF THE



the funeral director, page 5 should be detached for use as the burial-transit

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shows any injury, MEDICAL

CERTIFICATION

PHYSICIAN:

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BE 2 29h SIGNATU

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After I death 65 DIRECTOR: 200 H COMPL

DIRECTOR

FUNERAL

BY

COMPLETED

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Pages 1, 2, 3

permit.

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	TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rei	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the med
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	DR	DIR	DOUG	terr
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94 00275 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1994 MONTH 01 Lutsche Mildred Catherine 08 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 03/05/1938 213 34 9146 55 DAYS HOURS 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 180 Falcon Drive Pasadena Anne Arundel RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Pasadena 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 180 Falcon Drive 21122 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yee, specify Cuben, Maxican, Puerto Ricen, atc.) 11. MARITAL STATUS 1 Never Merried 2 X Merried 1 TYES 2 NO Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Housewife Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jesse Curtis Pursley Eva Frances 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linda Bookhamer Pasadena, Maryland 21122 180 Falcon Drive 20e. METHOD OF DISPOSITION
1 □ Burial 2 🏋 Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Metro Crematory, Inc. 1/10 4 Donetion 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL-SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Small cancer of lung disease or condition\_ call resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, laeding to immadieta e. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other significent condition	s contributing to death but not resi	ulting in the ur	nderlying causa given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1700	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 100
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Che	ck only o	ne)	
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA 4 Nur				
27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Yeer) 2	66. TIME OF INJURY M	28d. DE	SCRIBE HOW INJURY OCCU	RED	
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check only	ICIAN: To the best of my knowledge, death	occurred at the t	lime, date end place, end due	to the ce	use(e) end manner ee stated	l.

2 MEDICAL EXAMINER: On the basis of examination and/or investig

	//	, , , , , , , , , , , , , , , , , , , ,	,
RE AND TITLE OF CERTIFIER		29¢ LICENSE NUMBER	29d DATE SIGNED (Month One Vent)

milauny me	D18587	► 1/12 /C 4
20. NAME-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)	1,7,20-1	111/7/

Caton Au Bults, MD 2122

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indien, Black, White, atc.

1 YES 2 X NO

White

Intarval Betwe

Onset and Death

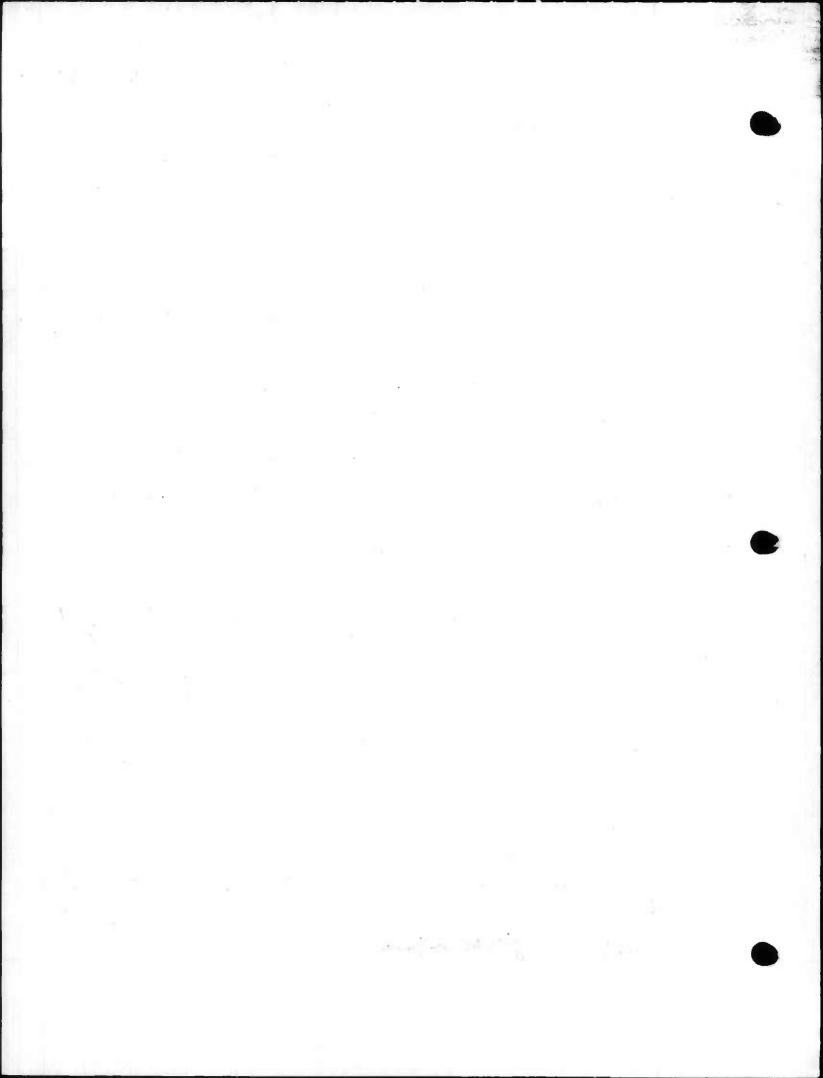
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6. BIRTHPLACE (State or Foreign

Virginia

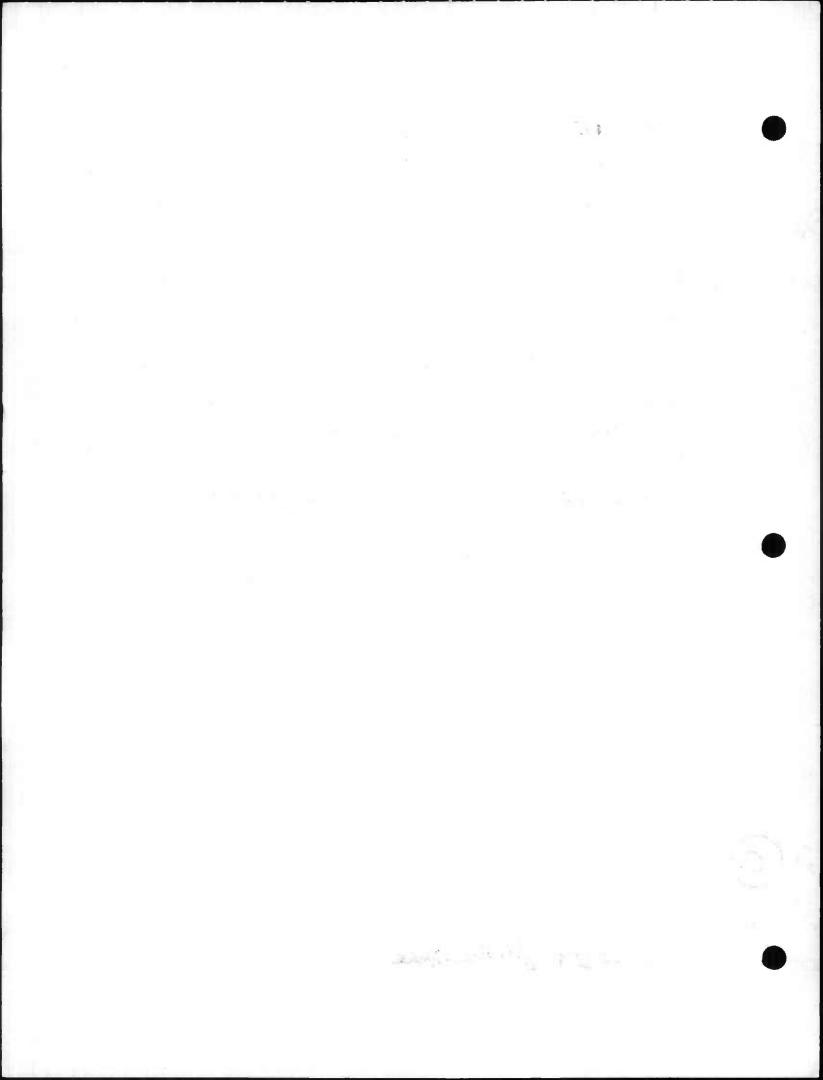
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Specify:



1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)  BECK   E		LINDE	NBER	G	2. DATE OF DEATH MONTH D	MY 1.0	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
	178 22 3950	1 🗌 M 2 🔀 F	98 YRS.	MONTHS DAY	B HOURS MIN.	Dec. 25,1	895	Romania
l "	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOW	N OR LOCATION OF DE		T	TY OF DEATH
101	Randolph Hills Nu	rsing Home		Whea	ton,	9	Mont	cgomery
DIRECTOR	Maryland 106. COUNTY Mont	gomery	Silv	er Spr	ing			10d. INSIDE CITY LIMITS? 1 \( \text{\text{Y}} \text{ YES 2 \( \text{\text{X}} \) NO
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	15100 Interlachen	Blvd.,			20906		Unit	ted States
F	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	2 000	13. WAS I	DECENDENT OF HISPAN specify Cuben, Mexica	HC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No—	14. RACE — American Indian, Bleck, White, etc.
ВҰ	¥XX Widowed 4 □ Divorced	IF YES, GIVE WAR OR D	ATES T		YES XX NO Specify			Specify: Caucasian
ED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDU	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	most of working			
COMPLETED	Unknown		Manage:	r		Dress 1		У
	17. FATHER'S NAME (First, Middle, Last)  Label Weiss					ME (First, Middle, Maiden	,	
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stra		thel Unknot		Code
5	Rae Wertlieb				ess as #10		rri, Sierie, Zijo (	(3000)
	20e. METHOD OF DISPOSITION  **Buriel 2 © Cremation 3 © Remo	201	. PLACE AND DATE O	F DISPOSITION	(Name of		CATION — C	ity or Town, State
	4 Donation 5 Other (Specify)	Mt	• Sharon	cenete	ery	1-7-94	Spring	field,Pa.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1 Ve	AND ADDRESS OF FA S-Pearson Ils Churc	Funeral P h, Va. 22	Jomes 146	
	23. PART . Enter the diseases, or c	omplications that cause	d the death. Do n	ot enter the	mode of dying, suci	h es cerdiac or reep	iratory arre	et, Approximate
	shock, or heart failure. I	list only one cause on e	ach ilne.		٠			Interval Betwee Onset end Deat
	disesse or condition resulting in death)	asperale	on on	eum	onia			1 week
		DOE TO (OR AS	CONSEQUENCE OF	7):				
CATION	Sequentially liet conditions,	OUE TO (OR AS A	CONSEQUENCE OF	7):				
CAT	if any, leading to immediate cause. Enter UNDERLYING							
RTIF	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):				
CER	resulting in death) LAST	•						
	PART ii. Other significant conditions	contributing to death b	ut not reaulting I	n the underly	ring ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL	alighermen's	demention		10		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	Sastrointest	nal her	rorrha	5e			23	1 TES 2 NO
AN	as was sade persone to become							
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	refere 2 7 DOS	OTHER:	PLACE OF OEATH (Che			
PHYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIM	E OF 28c.	lome 5 Residence	8 ☐ Other (Specify)  28d. OEŞCRIBE HOW	INJURY OCCL	JRED
>	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK?  YES 2 NO			
LED B	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, factory, o	ffice	261. LOCATION (Street City or Yown, State,		or Rurat Route Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	NAN: To the best of my know	ledge death occum	od at the time of	ete and place, and due	to the neuro(s) and me		4
JMC								cause(a) and menner as stated.
EC	296 SIGNATURE AND TITLE OF CERTIFIER	11 0	14		29c. LICENSE NUN			SIGNED (Month, Day, Year)
00	Jeanne, M	In n	110		D340	32	<b>&gt;</b> /	15/94
5	30. NAME AND ADDRESS OF PERSON WHO	ASHER 3	720 FA	Print)	BUT AVE	KENSI	NGT	ON MD 20895
	31. DATE FILEO (Month, Day, Year)	32e REGISTRAR'S SIGN	ATURE		7		V -	7.0012
	JAN 1 0 1994	gidie Kevidan	Mylell					



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this of	be filed within 72 hours after death	IMPORTANT: It item 28 is ma

00277 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN	94	00277	
	1. DECEDENT'S NAME (First, Middle, Last)  DALE E. L.	DALE ELIZA		BERG	2. DATE OF DEATH MONTH	9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 2 18019755  8e. FACILITY NAME (If not institution, give in	1 🗆 M 2 💢 F	72 YRS. M	UNDER 1 YEAR IF UNDER 24 HIS INTHS DAYS HOURS MIN	(Month, Day, Year) 04 02	21	BIRTHPLACE (State or Foreign Country)  BALTIMORE, MD	
DIRECTOR	- 4 -	SPITAL		BALTIMOR		SC. COONTY		
	MARYLAND  100. STREET AND NUMBER			OWN OR LOCATION  T/MORE  101, ZIP CODE	ITY	10g, CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	700 DEVON SH	IRE ROAD	N U.S. ARMED	2126	PANIC ORIGIN? (Specify Ye	US	A	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2-ANO ATES	If yes, specify Cuben, Max			RACE — American Indian, Black, White, etc. Specify: WHITE	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Iffe. Do NOT use n	done during most of working	166. KIND OF BU	MAKING	TRY	
COMPL	17. FATHER'S NAME (First, Middle, Lest)		110111011		NAME (First, Middle, Meiden			
BE C	JOSEPH L. DAVIS	3			APPLESTEIN			
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AC	ORESS (Street and Number or Ru				
F	LORETTA ROB	EY	724 S.	WOODINGTON	RD. BALTO	, mb	21229	
	20e. METHOD OF DISPOSITION  1 XBurlal 2 Cremetion 3 Ram  4 Donation 5 Other (Specify)	noval from State cen	OUDON PAR	K CEMETERY	1/8 BAL	CATION — City TIMORE	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LI	Coleman		22. NAME AND ADDRESS OF HUBBARD FUNE 4107 WILKENS	RAL HOME IN		, MD. 21229	
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):	è Carema	ma th	poe	Onset and Death	
MEDICAL	PART II. Other significent condition	ns contributing to deeth b	out not resulting in	ths underlying cause given	In Part i. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  ND	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE DF DEATH	'Check only one)			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Pinpetient 2 ER/Out		THER:  Nursing Home 5 Resident	e 8 Other (Specify)			
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME (		28d. DESCRIBE HOW INJURY OCCURED			
	2 Accident investigation 3 Suicide 6 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLETED	Z-1			nt the time, date and place, and on my opinion, death occured at			suse(s) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	allopo	ATH (ITEM 27) (Tona 9)	29c. LICENSE I	786	1-	ONED (Month, Day, Year)	
	30. WAME AND ADDRESS OF PERSON WHAT A DATE THE POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSESSION OF PERSON WHAT A POSSES			H 55 WILKE	weave, by	LTO 2	1229 MA	
	31. DATE FILED (Month, Day, Year)	32. APRISTRAR'S SIGN	in findall					

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BALTIMORE, MARYLAND 21215-0020

e death certificate be executed	the attending physician and col	Mental Hygiene prior to burial,	jury, or other traumatic e
NSICIAN: The law requires that the	a certificate has been signed by	the State Dept. of Health and	ed, or item 23 shows any in
TO THE HOSPITAL ON ATTACHMENT IN SICIAN: The law requires that the death certificate be executed	TO THE FUNERAL CHATTER ANY Certificate has been signed by the attending physician and co	be filed within 72 hours after dilam wi	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic e

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last) BARFOOT		CERTIFIC	ATE OF	DEATH	REG. NO.		3. TIME OF DEATH
	Laure Lyn	ch				MONTH D	AV Y	14 62% M
-	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	219-44-7514 1	□ M 2 X F	YRS.	WINS DAYS	HOUNS MIN.	12-1-13	3	North Carolina
TOR	9a. FACILITY NAME (If not institution, give stree  Eddmurald K  RESIDENCE OF DECEDENT	e and number)	Center L	Balto	TOWS		9c. COUNTY	of Death Lo
DIRECTOR	100. STATE 10b. COUNTY Maryland Balti	more		OWN OR LOCAT	TON	To another the second	30	10d. INSIDE CITY LIMITS?  1 YES 2X NO
FUNERAL	100. STREET AND NUMBER 6710 Tweedbrook Ro				. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
N N		2. WAS DECEDENT EVER IN L	10.40450	1 40 11110 000	21239			USA
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.) y:	or No.—	Black, White, etc.  Specify:  White
ETED	15. DECEDENT'S EDUCAT	TION 1	16a. DECEDENT'S USI	UAL OCCUPATIO	ON et of working	16b. KIND OF BU	SINESS/INDUS	
		College (1-4 or 5+)	life. Do NOT use re	etired.)	at or working			
COMPL		vears	Liberat	ian				School
8 8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
B B	George Barfoot					Culpepper Route Number, City or Tow		
1 2	- transconding to the control of the			lden R			n, stere, zip ci 1286	000)
2	Elizabeth DeSell	20b.	PLACE AND DATE OF					ty or Town, Stata
Jan B	1 💢 Burial 2 🗆 Cremation 3 🗀 Removal 4 🗆 Donation 5 🗀 Other (Specify)	of ce	metary, crematory or		1	.1	lson,	
100	21. SIGNATURE OF FUNERAL SERVICE LICEN		TEWOOO	22. NAME A	NO ADDRESS OF FA	CILITY		
E	11/4	-		Johnso	במסמולא מו			
						en Blvd.	Tows	on, MD 21286
ent, the medica	23. PART I. Enter the diseases, or cor shock, or heert failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	policetione thet ceueed in the ceueed in the ceueed in the ceue on each of the ceue on each of the ceue on each of the ceue on the ceue on the ceue on the ceue on the ceue on the ceue on the ceue on the ceue on the ceue	ene C	8521	Loch Rav	ven Blvd.		on , MD 21286 st, Approximate Interval Between Onset and Death
	shock, or heert failure. Lis IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A C	ene C	8521	Loch Rav	ren Blvd.  The as cardiac or reep  Thinking  Christian		et, Approximate Interval Between Onset and Death
MEDICAL CE	shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	8521 enter the mo	Loch Ray	cen Blvd.  The second or reep  Structus  Chreen  The beta	NAUTOPSY RMED?	et, Approximate Interval Between Onset and Death
23 shows any injury, AN: MEDICAL CE	shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions d.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in the consequence of the consequence	8521 enter the mo	Loch Ray	Part I. 24a. WAS APPENDEN	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, IYSICIAN: MEDICAL CE	shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 MAG	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in the second se	8521 enter the mo	Loch Ray	Part I. 24a. WAS APPENDO 1 YES:	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
or item 23 shows any injury, IYSICIAN: MEDICAL CE	shock, or heert failure. List immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in the consequence of the consequence	8521 enter the model of the underlying the underlyi	Lace of Death (Cr.	Part I. 24a. WAS APPENDEN	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
28 is marked, or item 23 shows any injur TED BY PHYSICIAN: MEDICAL	shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 MANO  27. MANNER OF DEATH	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in the consequence of the consequence	8521 enter the model of the underlyin  26. P  TMER:  Liberaling Horn  W  M  1	Loch Ray	Part I. 24a. WAS APPENDO 1 YES:	N ALITOPSY RIMED?  INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
Item 28 is marked, or Item 23 shows any Injury, PLETED BY PHYSICIAN: MEDICAL CE	shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	tient 3 DOA Consequence of:	8521 enter the mo	Loch Ray de of dying, suc de of dying, s	Part I. 24a. WAS APERFO 1 YES:	N AUTOPSY RMED?  INJURY OCCU  and Number of	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
28 is marked, or item 23 shows any injury, TED BY PHYSICIAN: MEDICAL CE	shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	tient 3 DOA Consequence of:	8521 enter the mo	Loch Ray de of dying, suc de of dying, s	Part I. 24a. WAS AN PERFO 1 YES:	N AUTOPSY RMED? 2 Jano INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO

Suite 204

JAN 10 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

Dr. Albernie 516 N. Rolling Road

A second

APROLYAL

use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for	of THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for
er death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of
BALTIMORE, MARYLAND 2	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JAN 1 0 1994

	FOR	CTATE OF I	AADVI AND /	DEDAG	THE A				245	91	+ 0	0279
	1 - STATE REGISTRAR	SIAIE UF I	/ MARYLAND / CE		ICATE C				GIEN 3. NO	_		
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	ATH			3. TIME OF DEATH
	Sister Mary I	orothy	Maccio	la				Jan.	2	, 19	94	6:05 PM m
	4. SOCIAL SECURITY NUMBER 219-26-4316	5. SEX	6. AGE (In yrs. les 55		IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIR (Month, Day,			8. BIRTHP Country)	LACE (State or Foreign
		1 M 2 F	- 55	YRS.	WOMINS DA	rs HOURS	MIN.	April	18	,19	88 1	Maryland
m	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TO	VN OR LOCAT	ION OF DE	EATH		9c. COUR	NTY OF DE	ATH
DIRECTOR	Villa St. Mic	<u>chael</u>			Emm	tsbu	rg			Fr	edei	ci.ck
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION						IOd. INSIDE CITY
P	Maryland Fr	rederick			Emmits	sburg					- 1	LIMITS?
AL	10e. STREET AND NUMBER					10f. ZIP COO	E		_	10g. CITI		IAT COUNTRY?
BY FUNERAL	333 South Seto	on Avenu	1e			21	727			U.	S.A	•
5	11. MARITAL STATUS  1 X Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED	13. WAS	DECENDENT	OF HISPAN	NIC ORIGIN? (Spec	Ify Yes	or No-	14. RACE -	- American Indian, White, etc.
37	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES		1 🗆	YES 2 X NO	Specify	n, Pueno mcan, a y:	tc.)		Specify.	
	15. DECEDENT'S EDU	CATION	160 050	CEDENTIE	USUAL OCCUP	47104		170				MILTEE
ETE	(Specify only highest grade	completed)	(Gi	ve kind of a	work done during	most of work	ing	160. KIND (	OF BUS	SINESS/IND	USTRY	
IPL	Co	ol <b>Te</b> ge"5	)'+ T	eacl	ner			Dauc	ht	ers	of (	Charity
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, I				2
BE (	Daniel G. Mac	ciola				Do	roth	ny A. E	3ow	inke	lman	n
5	19e. INFORMANT'S NAME (Type/Print)							Poute Number, City	or Town	n, State, Zip	Code)	
-	Sister Camilla	Harant	3	33	s. Set	on A	ve.	Emmit	sb	urg,	MD	. 21727
	20e. METHOD OF DISPOSITION  1 D Burlet 2 Cremetion 3 Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOSITION	(Name of		OATE 2	Oc. LO		City or Town	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIK	Challed	St.	Jose	The state of the s		_	House	<del>)</del>	Emmi	tsb	urg, MD
	tal 'on'	1)				E AND ADDRE				huno	, Pa	
	William 77.	Letteren	- Sup	v.					_	_	_	
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that List only one cau	t caused the dease on each line.	eth. Do r	ot enter the	mode of dy	ing, sucl	h es cerdiac or	respi	ratory arm	est,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	11.0	. 1	0	0.00	) +		0 (1	1.	. 0		Onset end Death
	resulting in death)	a. /Valu	MANA CONSEC	(0)	wow	casto	Wa_	- 01 V	ne	llan	run	
,		002 10	( AS A CONSEC	UENCE O	-):			1				
Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.												
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.										İ
E	that initiated events	DUE TO	OR AS A CONSEO	UENCE OF	5):							
EH	resulting in death) LAST	d										
	PART II. Other significant condition	s contributing to	death but not re	sulting (	n the underly	/ing ceuse	alven in	Part I. 24a W	AS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINGS
S								PI	ERFOR	MED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
								''''	E5 2	□ NO		F OEATH?
ž								-			'	YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26	PLACE OF D	EATH (Che	ck only one)				
YSI	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing H	lome 5 🗆 Ra	sidence	6 Other (Specif	y)			
PH	27. MANNER OF DEATH  1 Natural 5 Pending	28e. OATE OF (Month, Da		28b. TIMI INJ		INJURY AT WORK?		28d. OEŞCRIBE I	HOW IN	JURY OCC	UREO	
B	2 Accident Investigation			177		YES 2	NO					
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	FINJURY — Al hon Mc. (Specify)	ne, farm, s	treet, factory, o	ffice		28f. LOCATION (S City or Town,		nd Number	or Rural Rou	te Number,
	29e. CERTIFIER								_			
COMPLET	(Check only	CIAN: To the best of a										
8	2 MEDICAL EXAMINE		anamation and/or in	rveatigatio	n, in my opinio	n, death occur	ed at the	time, date and pla	ce, and	dus to the	ceuse(e) =	nd manner se stated.
B	296. SIGNATURE AND TITLE OF CERTIFIS	11/4	( 100 .	0	/ MMN	29c. LICI	NSE NUM	BER	T	29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WA	COMPLETED CAUS	E OF DEATH ST	M	2///		18	105			111	7.4
	The state of Fengor Williams	. Jom. LETED CAUS	L OF DEATH (ITEM	∠ı) (ıype,	r-nnu)							1

DIRECTOR

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CERTIFICATION

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PHYSICIAN:

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permission or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy- te field within 72 hours after death with the State Dent of Health and Mental Hivieton	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other

00280 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 9 94 1025 DANIOR MA 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 80 12/21/13 Clarksburg, WVa Se. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH namore MRFOR mr 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford Bel Air 1 TES 2XXNO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21015 202 L. Burkwood Ct. USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexican, Puerto Rican, atc.)
1 YES 2 N NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: 3 Widowed 4 Divorced White WW II 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 4) 12 3 Engineer Martin Marietta Denver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) James Lee Manion Margaret Mary Moogan 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Pural Route Number, City or Town, State, Zip Code) David L. Manion 415 Joppa Fram Rd. Joppa. Md. 20s. METHOD OF DISPOSITION
1 Suriel 2 A Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metro <u>Crematory</u> 1/5/94 baltimore. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F. Lassahn Funeral Home mora 11750 Belair Rd. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 21097 ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Carden are DUE TO (OR AS A CONSEQUENCE OF). C.VA Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1- Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

COMPLETED BE D32299 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID 31. DATE FILED (Month, Day, Year) )JAN 1 0 199

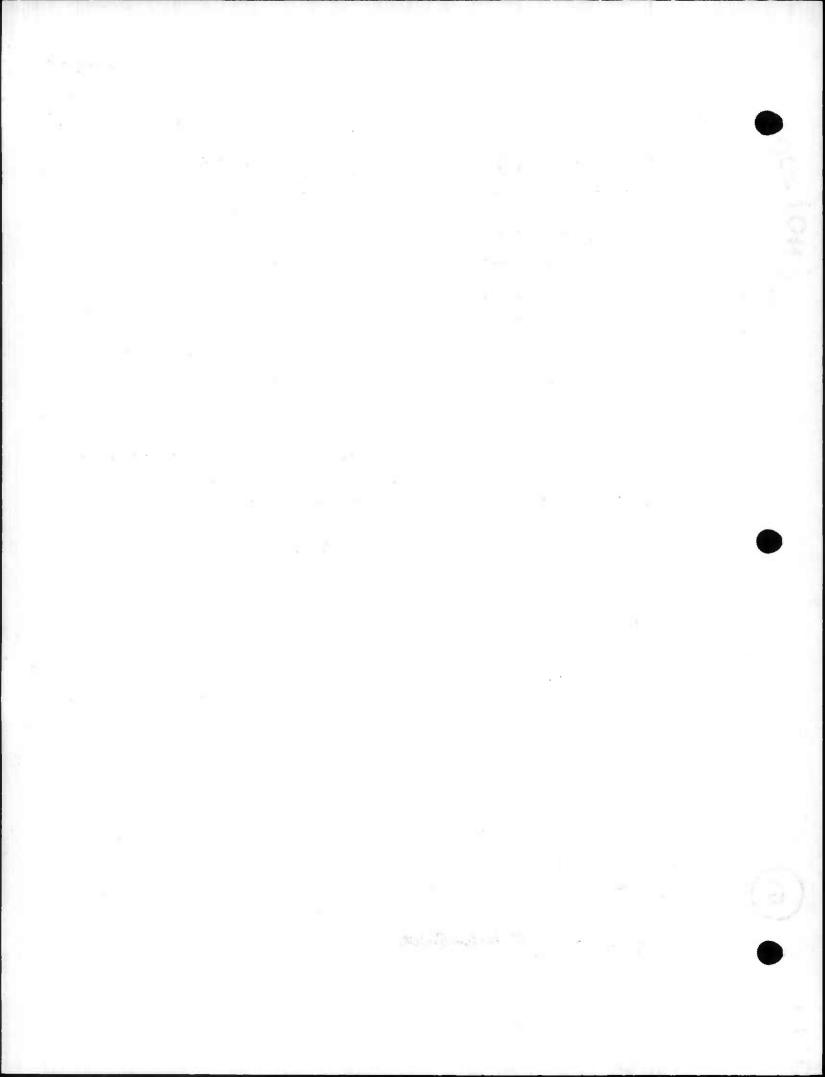
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NOISINI	OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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94 00281 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARYI		MENT OF HEALTH		TAL HYGIEN	E 94	UUZOI	
1. DECEDENT'S NAME (First, Middle, La	ist)			2. D	ATE OF DEATH		3. TIME OF DEATH	
RUTH	Е.		MACKULA	A 0	ONTH DA	5 9	4 12:24 P	
4. SOCIAL SECURITY NUMBER	Whole I to the first of the fir							
217 26 8006	11/11/1925 West VII							
	HARBOR HOSPITAL BALTIMORE CITY =======							
10e. STATE 10b. COL		10c. CITY, 1	TOWN OR LOCATION				10d, INSIDE CITY	
			timore				LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER 3817 St. Victo 11. MARITAL STATUS 1 Never Married 2 32 Married	or Street		10f. ZIP COD 212				OF WHAT COUNTRY?	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 K NO	13. WAS DECENDENT OF THE PROPERTY OF THE PROPE	n, Maxican, Pue			RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S I (Specify only highest g	EDUCATION	16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	INESS/INDUST		
15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	life. Do NOT use n		ng	Glass	Compan	ıV	
	Hercie White		1a. MOT	HER'S NAME (FI	rst, Middle, Maiden	Surname)	-1	
19e. INFORMANT'S NAME (Type/Print)	TIOLOGIC MILLOC		ODRESS (Street and Number				da)	
Julian Mackula		3817 St	. Victor St		Baltimo	re, Mai	ryland 21225	
20a. METHOD OF DISPOSITION 1	Removal from Stata Cer	b. PLACE AND DATE OF I				CATION — City	or Town, State	
21. SIGNATURE OF FUNERAL SERVICE		d. Dodoc	22. NAME AND ADDRE	SS OF FACILITY				
( Conna)	M Bramer	suski	George J. 4001 Ritch					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death)  s. Arteriosclerotic Cardiovascular Disease  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury							
PART II. Other significant conditions	dtlons contributing to death (	but not resulting in	tha underlying cause	alvan in Part i	I. 24a, WAS AN	апторяу Т	24b. WERE AUTOPSY FINDINGS	
Diabetes MeJ  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  NAME OF DEATH  1 X Accident  1 Accident  1 Accident					PERFOR 1 TYES 2 INQU	MED? X NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26 81 405 05 5	EATH (Ot)	tu and			
EXAMINER?  5 YES 2 NO	HOSPITAL:		26. PLACE OF D					
27. MANNER OF DEATH	1 Inpetient 2 X ER/Out 28s. DATE OF INJURY	patient 3 DOA 4	Nursing Home 5 Re	-		I II III COOVE		
1 X Vaturel 5 Pending	(Month, Day, Year)	INJUR	PF 28c, INJURY AT WORK?  M 1 YES 2		DESCRIBE HOW IN	JUNY OCCURE	:0	
3 Suicide a Could not	2 Accident  3 Suicide a Could not be building stc. (Spacify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building stc. (Spacify)							
	IVSICIAN: To the best of my know						use(a) and manner ea stated.	
299 SIGNATURE AND TITLE OF CERT	FIER ()		29c. LICI	NSE NUMBER		29d. DATE SIG	GNED (Month, Day, Year)	
Vaccont	reke AN		0.	C.M.E		▶1-5		
J. Laron Lock		. , , , , .	Street,	Balti	more	Marvl	and 21201	
J. Laron Lock 31. DATE FILED (Month, Day, Year)			DITEEL,	חמדון	THOTE,	TIGE Y L	unu 21201	
JAN 1 0 1994	PER PER PER PER PER PER PER PER PER PER	Mindelle						



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) Raphael Mosca 2. DATE OF DEATH Robert 3. TIME OF DEATH 10 JANUARY PM 994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 213-07-2821 1 X M 2 - F HOURS 8-1-1914 Maruland should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maruland Baltimore Dundalk 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2932 Sollers Point Road director, page 5 should be detached for use as the burial-transit 21222 United States death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS FORCES? 17 YES 2

JF YES, GIVE WAR OR DATES 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuber, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whits, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 8 1 TES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Electrician Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Gaetano Mosca Rose Maresca BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sam C. Mosca 1709 Manor Road Dundalk Maryland 21222 20e, METHOD OF DISPOSITION
N.Z. Burisi 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Cemetery 1/10/1994 Lawn Baltimore, Maryland examiner 22. NAME AND ADDRESS OF FACILITY funeral Duda-Ruck Funeral Home of Dundalk, Inc. removal. 7922 Wise Avenue Dundalk. Maryland 21222 24 hours after medical filled in by 1 23. PART 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert feilure. List only one cause on each line Interval Between 0 completely filled rial, cremation, ( **IMMEDIATE CAUSE (Fine) Onset and Death** event, the disease or condition STAPHYLOCOCCUS 10 DAYS executed within resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, OBSTRUCTIVE PULMONARY DUEASE attending physician and con rital Hygiene prior to burial, HRONIC traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING certificate be ORGANIC CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF that initieted events resulting in death) LAST 6 requires that the death signed by the atter Health and Mental Injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY ARRHYTHMIA any 1 TES 2 NO OF DEATH? Shows 1 YES 2 NO t. of h has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h Item HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending investigation 1 YES 2 NO After the death BY 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide L DIRECTOR: A 2 hours after d 1 item 28 is 60 ETED 28f. LOCATION (Street and Number or Rural Boute Number 8 Could not be 4 Homicide determined COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated. (Check only one) TO THE FIGURE I be filed within 72 h IMPORTANT: If I MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year, 報業 BEEPER 020 ► JANUARY 6TH 1994 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BOULEVARD, BALTIMORE, MD 213 SAMARTAN HOSPITAL. 5601 LOCH RAVEN 000 31. DATE FILED (Month, Day, Year) JAN 1 0 1994

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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146.

Jours after death. Page 6 may be retained by the hospital or attending physician.	ONTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be flied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within within a law after death. Page 6 may be retained by the hospital or attending physician.	TOTTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYLAND		MENT OF H		NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Mantin	4		2.	DATE OF DEATH DAY	- 94	3. TIME OF DEATH
	1	SEX 6. AGE (In yrs.		F UNDER 1 YEAR ONTHS DAYS	HOURE MIN.	DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry) ARYLAND
DIRECTOR	98. FACILITY NAME (If not institution, give street  MERICAN NISC, CENT)  RESIDENCE OF DECEDENT	An Goso Bello.	1	BALTI	NORE	Н	9c. COUNTY OF	DEATH
E	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
1 1	MARYLAND		BAL	TIMORE				1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE			WHAT COUNTRY?
N N	6000 BELLONA AV			1	21212			USA
	11. MARITAL STATUS 12.  1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 V IF YES, GIVE WAR OR DATES	NO	If yes, spe	ENDENT OF HISPANIC (cify Cuban, Maxican, P		Ble	CE — American Indian, ick, White, atc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR ON DATES		1 U YES	2 NO Specify:		Sp	WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	(Give kind of wor	SUAL OCCUPATION to done during mos		18b. KIND OF BUSI	NESS/INDUSTRY	
	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	life. Do NOT use i	retired.)	•			
M	UNKNOWN  17. FATHER'S NAME (First, Middle, Last)		HOUS	EWIFE	40 MOTUPOIS MAMP	(First, Middle, Malden S		
	ELBERT JAMES W	TNDSOR				MELBOURN S		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	nd Number or Rural Rout			
임	LINDA JOHNSON		6202	MARLORA	ROAD, BA	LTIMORE, N	MARYLAN	D 21237
	20a. METHOD OF DISPOSITION 1 [X] Buriel 2 Cremetion 3 Removal	from Ctate Other	Disce)		netery, crematory or		ATION — City or	
	4 Donation 5 Other (Specify)	LOR	RAINE	PARK CE			LTIMORE	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS				D ADDRESS OF FACILITY LAN SEITZ		EBAI HO	ME 21211
	M. Allan	Deck h		3818	ROLAND A	VENUE, BAI	LTIMORE	, MARYLAND
	23. PART I. Enter the diseesee, or com shock, or heert fellure. List			t enter the mo	de of dying, euch e	e cardiec or respir	atory errest,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pueun	uma					Onset and Death
1		DUE TO (OR AS A CONS						
CERTIFICATION	Sequentielly list conditions,	DUE TO (OR AS A CONS	SEQUENCE OF):					
S	if eny, leeding to immediate cause. Enter UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEOUENCE OF):					
	resulting in death) LAST							
AL C	PART II. Other significant conditions co		t resulting in	the underlying	ceuse given in Pa	ert I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
중	Als beeners	Di sease				1 TES 2		COMPLETION OF CAUSE OF DEATH?
MEDIC						_		1 TYES 2 NO
PHYSICIAN:		OSPITAL:		OTHER:	ACE OF DEATH (Check			
1 X	1 YES 2 NO 1	Inpetient 2 ER/Outpetient 28a. DATE OF INJURY	28b. TIME	OF 28c. INJ	e 5 Residence 8 URY AT 2	Other (Specify)	IJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK? YES 2 NO			
D BY	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, str	eet, factory, offic	2	8f. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
Ш	4 Homicide detarmined							
COMPLET	(Crieck Only	i: To the best of my knowledge,	death occurred	at the lime, date	and place, and due to	the cause(a) and mani	ner as stated.	
O.	one) 2 MEDICAL-EXAMINER: C	n the basis of examination and/	or Investigation	in my opinion, d	eath occured at the tin	ne, data and place, and	dua to the caus	e(a) and manner as stated.
BE	29b. SIGNATURE AND THE OF CERTIFIER	) lun	9		29c. LICENSE NUMBI	3 -(	29d. DATE SIGN	ED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, f	78014	ork Ro	d Towns	on u	lan 94
	JAN 1 0 1994	32. REGISTRAR'S SIGNATURE	Brilese					

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
9	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF OEATH
	MORRIS		MOLOFSKY	- " - T	1 4	94	9:30 A. H
	4. SOCIAL SECURITY NUMBER 217-07-4725	1 💢 M 2 🗆 F	88 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/08/1905	Coun	RUSSIA
TOR	90. FACILITY NAME (If not institution, give some state of the state of			TOWSON	DEATH	Baltin	
DIRECTOR	10e. STATE 10b. COUNT	Baltimore		timore			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	100. STREET AND NUMBER 8115 McDonough R		j bu.	10f. ZIP CODE 21208		10g. CITIZEN OF	WHAT COUNTRY? USA
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, OIVE WAR	YES 2 NOX	13. WAS DECENDENT OF HISP/ If yea, specify Cuben, Maxic 1  YES 2 NO Spec	en, Puerto Rican, etc.)	or No— 14. RAC Black Spe	CE — American Indian, ck, White, etc. city:
ED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION k done during most of working	16b. KIND OF BUSIN	NESS/INOUSTRY	WHITE
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	FACTURER	CLOT	HING	
NO.	17. FATNER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maiden St	urname)	
BE C	JOSEPH MOLOFSKY	7			LIA KLEI		
0	19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number or Rura			0
	MRS.ROSE MOLOFS	SKY	20b. PLACE AND DATE OF	CDONOGH RD., E		D 2120 ATION — City or 1	
180	1 Buriel 2 Cremetion 3 Rem	oval from State	cemetery, crematory or othe MOSES MONT	place)	1-7-94 BAL		
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LI		110000 11011	22. NAME AND ADDRESS OF F			
	23. PART I. Enter the diseases, or	0.00	Noon	6010 REISTER			,MD 21215
	ahock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. metas		elan Cauce	w		Interval Between Onset and Daath
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR	AS A CONSEQUENCE OF):			19.15	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST	DUE TO (OR	AS A CONSEQUENCE OF):				
i 0	PART II. Other aignificent condition	e contributing to de	ath but not regulting in	the underlying cause glass is	Part i. 24s. WAS AN A	umney 24	b. WERE AUTOPSY FINDINGS
AN: MEDICAL CE			heart of	D +	PERFORM 1 YES 2	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)		
YSICI/	1 TES 2 NO	HOSFITAL:		THER:			
	27. MANNEY OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, )	URY 28b. TIME (	OF 28c. INJURY AT	28d. DESCRIBE HOW IN.	IURY OCCURED	ENAM
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, ferm, stre (Specify)	et, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,
COMPLET	one)			at the time, data and place, and du in my opinion, death occured at th			(e) and manner sa stated.
D BE COM	290. SIGNATURE AND TITLE OF CERTIFIE	B)		29c. LICENSE NI	JMBER	29d. DATE SIGNE	D (Month, Day, Year)
TO B	Duce 1	areubel	eg/hus	D2412	-1	D 1/4	1/94
٦	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	OF DEATH (ITEM 27) (Type, P.	YORK PD	LUTHERVI	LE	MD 21093.
	31. DATE FILES (NOME) Day 1607) 1994	guia de	SIGNATURE				

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94 00285 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN REG. NO	2 1	00285
	1. DECEDENT'S NAME (First, Middle, Last)  RECHEL MOSHA  4. SOCIAL SECURITY NUMBER					JANUARY.	5 1994	
Œ	677-56-9370	1   M 2   F	73 YRS. M	IF UNDER 1 YEAR HONTHS DAYS  Ph. CHTY, TOWNLO	HOURS MIN.	AUGUST 2	C	PATHPLACE (State or Foreign SUSSIA
6	RESIDENCE OF DECEDENT						17( 12)	10d. INSIDE CITY
RAL DIRE	MARYLAND 10b. COUNTY	PT 722	BALT	ITMORE AT	- ZIZI5		10g. CITIZEN	1 🖾 YES 2 🗌 NO
FUNER	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	US or No- 14. F	A NACE — American Indian, Black, White, etc.
TED BY	3 Widowed 4 XDIvorced  15. DECEDENT'S EDUC (Specify only highest grade)		16a. DECEDENT'S U	1 YES	DN .	16b. KIND OF BU		HÎTE
once.	Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	TEACHE	retired.)		EDUCAT		72
TO BE C	19a. INFORMANT'S NAME (Type/Print)	MUCHNIK			ELLIE	Elloute Number, City or Tow	GR	EENBERG
must be no	MRS SOPHIA KIZHNER  30s. METHOD OF DISPOSITION XX Buriel 2 Cremetion 3 Remo 4 Donetion 5/ Other (Specify)	206.1	310 CE	DISPOSITION (Na	HAPEL RD.	DATE 20c. LO	STOWN, CATION — CHY O	
ai. examiner	21. SIGNATURE OF FUNERAL SERVICE LIC		ALITIONS	SOL LI	EVINSON &	BROS., I	NC. ALTO.,	
Hygiene prior to burial, cremation, or removing other traumatic event, the medical RTIFICATION	21 PART Linter the disease, or canock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	Dheumor Due to (or as a d Due to (or as a d Due to (or as a d	CONSEQUENCE OF:	phomo	2 recu			Approximate interval Between Onset and Death   week   Unknowle
shows any injury, or MEDICAL CE	PART II. Other algorificant conditions anemica hetastatic ca			the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED3	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
or Item 23 IYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 YES TO MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Outpet	tient 3 DOA 4	OTHER:	ACE OF DEATH (Che	6 ☐ Other (Specify)		
Is marked, or D BY PHY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY - building, etc. (Specif		M 1 N	PK7 (ES 2 NO	281. LOCATION (Street City or Town, State	and Number or Ru	
Item 28	4 Homicide determined  29a. CERTIFIER   CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurred			to the cause(s) and ma	nner se stated.	100
IMPORTANT: If the TO BE COMPL	29b. SIGNATURE AND TITLE OF CERTIFIED		ND PC	5 Y-I	aeth occured at the 29c, LICENSE NUM		29d. DATE SIG	NED (Month, Day, Year) VARY 5 1994
	LINNER BOYE	EV SIM	IAI Has	PITA				
	31. DATE FILED MODIFI, S. D. O. 1994	32. SEGIETRAPO SIGNA GUALANTE	n-Andre					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

JAN 1 0 1994

HOPPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be made after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

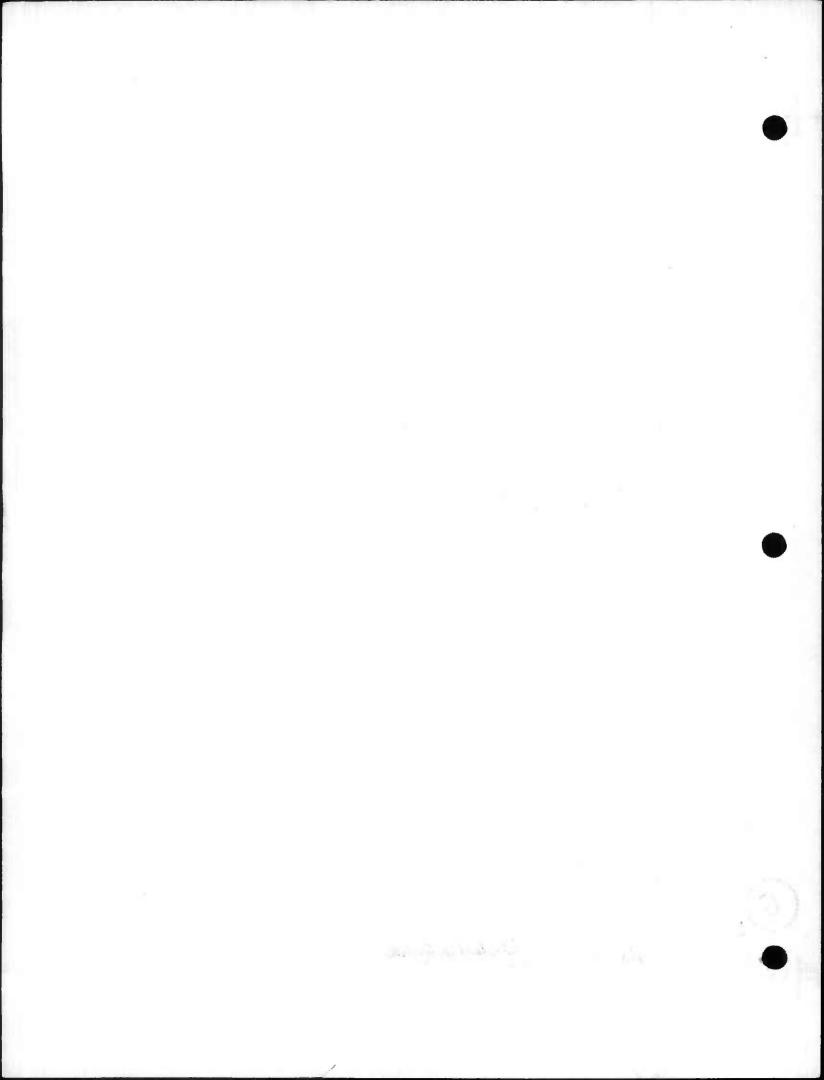
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND E OF DEATH	MENTAL HYGIENE	y 00286
	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs.		ER ( YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	YEAR 3. TIME OF DEATH 2.26 P M 8. BIRTHPLACE (State or Foreign Country)
TOR	9a. EACILITY NAME (If not institution, give street  9a. EACILITY NAME (If not institution, give street  9a. EACILITY NAME (If not institution, give street  9a. EACILITY NAME (If not institution, give street  9a. EACILITY NAME (If not institution, give street)  9a. EACILITY NAME (If not institution, give street)  9a. EACILITY NAME (If not institution, give street)  9a. EACILITY NAME (If not institution, give street)  9a. EACILITY NAME (If not institution, give street)  9a. EACILITY NAME (If not institution, give street)			ry, town or Location of E	12/30 / 1921 DEATH Bc. COUN	TY OF DEATH
L DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	140		10d. INSIDE CITY LIMITS? 1 X YES 2 \( \text{NO} \)
FUNERAL	5324 Cora	110		2/2/5		EN OF WHAT COUNTRY?
D BY FU	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 1 YES 2 I IF YES, GIVE WAR OR DATES		It yee, specify Cuben, Mexic  1 YES 2 NO Specific Cuben	en, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: Black
OMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	Ille. Do NOT use patired.	during most of working	Bethleher	n Steel
BE CO	17. FATHER'S NAME (First, Middle, Last)  John H. May  19a. INFORMANT'S NAME (Type/Print)	nning		Han	AME (First, Middle, Meiden Surneme)  E, Bonne	
5	Willie L. M.	anning	1323	E. 35th	Route Number, City or Town, State, Zip	6,My 21218
	20a_METHOD OF DISPOSITION  1	at from State cemetery,	BAND DATE OF DISPO brematory or other place	Forest	10/94 CWing	Sty or Town, State
	Sala .	March		AME AND ADDRESS OF F.	H. Wabash	Ave
	23. PART I. Enter the diseases, pr conshock, pr heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	nplications that caused the at only one ceuse on each if	ne.	1000 11- (1-	- T	Approximate interval Between Onset and Death
RTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	Q d van Co DUE TO (OR AS A CONS	d Ca	ahoma C	) Pan(neon,	
iii I	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF);			
MEDICAL C	PART II. Other eignificent conditions of	contributing to deeth but no	t resulting in the u	underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	beck only one)	1 TES 2 NO
PHYSICIAN:	1 YES 2 NO 1	IOSPITAL: Inpatient 2 ER/Outpatient	3 DOA OTHE			
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	URED
ETED	3 Suicide e Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, term, street, te	ctory, office	28f. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLETED					to the cause(s) end manner ee state time, date end place, end due to the	
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	B. No lena	n Forns	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Morith, Day, Year)

32 AEGISTRAPS SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89



00287 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	GISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF HEALTH AN	ID MENTAL HYGIENI REG. NO.	94	00287
4. SOCIA	L SECURITY NUMBER		GE (In yrs. last birthday) 61 vps	IF UNDER 1 YEAR IF UNDER 24 H	MALLER D. M. A	8. BIRTI	
9a. FACIL NOR	-58-9396 ITY NAME (If not institution, give s THWEST HOSP	street and number)	77.0.	9b. CITY, TOWN OR LOCATION OF BALTO		9c. COUNTY OF C	S.C.
MD	ENCE OF DECEDENT  10b. COUNT	γ	10c. CIT	Y, TOWN OR LOCATION			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
30	EET AND NUMBER  11 OAKFORD A TAL STATUS	AVE	R IN U.S. ARMED	101. ZIP CODE 21215	SPANIC ORIGIN? (Specify Yea	U.S.	
	er Merried 2 Merried lowed 4 Divorced  15. DECEDENT'S EDU	FORCES? 1 YE IF YES, GIVE WAR OF	RDATES		axican, Puerto Rican, etc.)	Spec	k, Whita, atc.
MPLET 11	(Specify only highest grade			rork done during most of working e refired.) TH AIDE	ROSEWOO	DD CENTE	R
19a. INFO	RMANT'S NAME (Type/Print)	E		ADDRESS (Street and Number or F	Rural Route Number, City or Town	TERSON  1, State, Zip Code)	
20a. MET	HOD OF DISPOSITION at 2 Cremation 3 Rem			BOLTON ST.BAI	OATE 20c. LOG	L7 CATION — City of To BUTUS / MO	
	ation 6 Other (Specify)		L	22, NAME AND ADDRESS O			4
NO Sequent frame, is cause. CAUSE that init resultin	ahock, or haert failure.  ATE CAUSE (Finel or condition gin death)  tially list conditions, eading to immediate Enter UNDERLYING (Disease or Injury listed events gin death) LAST	a. DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A	S A CONSEQUENCE OF	ŋ;	ispheric	than c	Approximate Interval Batwo Onset and Da
MEDICA	Other eignificant condition	na contributing to dast	h but not reaulting I	n tha underlying cause give	n In Part I. 24a. WAS AN PERFORI	MED?	D. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
O EXAM	CASE REFERRED TO MEDICAL MINER?	HOSPITAL:		26. PLACE OF DEATH			
2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	ER OF DEATH	28a. PLACE OF INJU	RY 28b. TIMI	WORK? M 1 YES 2 NO	28d. OESCRIBE HOW IN		Route Number,
S one)	k only	ER: On the basis of examina		od at the time, data and place, and n, in my opinion, dasth occured a 29c. LICENSE	t the time, data and place, and	d due to the cause(	a) and manner as stated
0	AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF	DEATH (ITEM RT) (Typo,	Print) Do Ala	west the	340	rente (-
	JAN 1. 0 1994	32 REGISTRAR'S S	IGNATURE Service Residence			V	

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DIVISION OF VITAL RECORDS, P.O. BOX 6	-
	INSPITAL TRATTENDING PHYSICIAN. The law requires that the death certificate he essen
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	REGISTRAR  1. DECEDENT'S NAME (First, Middle	- 1A	CENTIFI	CATE OF	DEATH	_	REG. NO.		
ŝ		-,,				2. DATE O MONTH	F DEATH DAY	YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	oretta Michel	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	/	94	3:45 I
	214-74-2219	1 🗆 M 2 🖳 F	93 YRS.	MONTHS DAYS	HOURS MIN.	10-2	29-1900	M	aryland
OB	90. FACILITY NAME (# not institution Stella Maris	S			on, MD	EATH		Balti	
DIRECTOR		county Baltimore		ockeysv					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 601 Cranbroo	ok Rd. Apt. B		10	21030			USA	OF WHAT COUNTRY?
B∀	11. MARITAL STATUS  1 Never Married 2 Marrie  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 1 NO	If yes, sp	CENDENT OF HISPA Decify Cuben, Mexico B 2 NO Specific	an, Puerto Ric			NACE — American Indian, Black, White, etc. Specify: White
ETEO	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION set grade completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done durina ma	ON ost of working	16b. I	CIND OF BUSINES	S/INDUSTR	NY.
COMPLET	8th	College (1-4 or 5+)	Homem	aker	_		Own Ho	ome	
	17. FATHER'S NAME (First, Middle, L						ddle, Maiden Surna	me)	
BE	unknow.					nown			nown
임	Frederick J.	•			end Number or Rurel ok Rd. A				le, MD 210
	26s. METHOD OF DISPOSITION  1 St Burtal 2 Commation 3 if 4 Donation 5 C Other (Special		place and Date of			DATE	29s. LOCATIO	to. M	
	21. SIGNATURE OF FUNERAL SERV	NOT LICENSIES		22. NAME AL	ND ADDRESS OF FA	CRITY			
-	23. PART I. Enter the disease	Sellafer St.	d the death. Do no	Ruck	Towson F	unera	1050 You	Inc.	
	23. PART I. Enter the disease shock, or heart from the shock or heart from the shock of heart from the shock or heart from the shock or heart from the shock of t	DUE TO (OR AS A	ial Infaro A CONSEQUENCE OF	Ruck of enter the mo	ode of dying, suc	unera	1 Home.	Inc.	Approxima Interval Be
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	Myocardi oue to on as A  Confesti oue to on as A	ial Infar	Ruck of enter the mo	ode of dying, suc	unera	1 Home.	Inc.	Approximat Interval Bet
ICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Myocardi oue to on as A  Confesti oue to on as A	ial Infar a consequence or; ive Heart a consequence or; a consequence or;	Ruck ot enter the mo	ee of dying, suc	h as cardia	1 Home ac or respirator	Inc. y arrest,	Approximat Interval Bet Onset and I  24b. WERE AUTOPSY FINE AMILABLE PROFIT
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Myocardi DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.	ial Infar a consequence or; ive Heart a consequence or; a consequence or;	Ruck ot enter the mo	ee of dying, suc	h as cardia	1 Home	Inc. y arrest,	Approximationerval Bet Onset and it Onset and it 24b. WERE AUTOPSY FINI ANALARE PROPRIETON OF CA OF DEATH?
AN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	Myocardi DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  HOSPITAL:	ial Infaro ial Infaro i consequence or; ive Heart a consequence or; a consequence or; out not resulting in	Ruck of enter the mo ction Failure in the underlying	e e given in	Part I.	A WAS AN AUTO PERFORMED?	Inc. y arrest,	Approximationerval Bet Onset and I
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant content of the cause of the ca	Myocardi  DUE TO (OR AS A  L. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d. DU	is al Infare is a Consequence or ive Heart a consequence or a consequence or a consequence or but not resulting in	PRICK of enter the mo Ction Failure Failure  The underlying The un	G CBUSE GIVEN IN	Part I. 1 Pack only one)  8 Other ( 284, DESC 281, LOCAT City or	A. WAS AN AUTOO PERFORMED?  I YES 2 No.  Specify!  TON (Sinset and No. Town, State)  I(a) and manner and piece, and due	PSY O O OCCURED  ander or Hu a stated.	Approximationerval Bet Onset and I Onset a
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause o	Myocardi  DUE TO (OR AS A  L. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d. DU	Leal Infare A CONSEQUENCE OF) LVE HEART A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in Dut not resulting in Leading the line of	Failure  Ction  Failure  Tailure  The underlying  The underlyi	G CBUSE given in  LACE OF DEATH (Co.  THE S   Residence HURY AT  YES 2   NO	Part I. 1 Pack only one)  8 Other ( 284, DESC 281, LOCAT City or	A. WAS AN AUTOO PERFORMED?  I YES 2 No.  Specify!  TON (Sinset and No. Town, State)  I(a) and manner and piece, and due	PSY O O OCCURED  ander or Hu a stated.	Approximation and interval Bet Onset and interval Bet Onset and interval Bet Onset and interval

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

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SION OF VITAL RECORDS, P.O. BOX 68760,	EMPING DUVOCIAN. The law requires that the death certificate he executed within 24 hours after
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permit. Pages 1, 2, 3 should DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Harford Edgewood 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE use as the burial-transit 306 Kennord Ave 21046 death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF 1 Never Married 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cube BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest gr ò Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Hairdresser the funeral director, page 5 should be detached 1.2 th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHE 펂 Russell Riggs Lei BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of 2 Harry F. McCadden 306 Kennord Ave pe 20e. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must Oak Lawn 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS Connelly 7110 Sol1 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying filled in by shock, or heart fellure. List only one cause on each line. 00 IMMEDIATE CAUSE (Finel cremation, disease or condition resulting in death) ysician and completely i arture CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) if any, leading to immediate en signed by the attending physician of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST contributing to death but net MEDICAL e has been a PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEA certificate h NOSPITAL:
1 Ainpetient 2 ER/Outpetient 3 DOA OTHER: 4 - Nursing Home 5 - Resk 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? with with 1 Natural M 1 YES 2 1 BY After 2 Acciden 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 6 Could not be 72 hours after of COMPLETED 4 Homicide OR ATT MPORTANT: If item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, as 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEN BE

AND ADDRESS\_OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

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SUN,

0 1994

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STATE OF M		DEPARTMEN		BEALTH AND DEATH	MENTAL	HYGIENE REG. NO.	4 01	1289
hee	mo	Cade	ler	V	2. DATE O MONTH	9	1994	3. TIME OF DEATH 10:35 M
SEX	6. AGE (In yrs. las	YRS. IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	PBIRTH Day, Year)	Count	HPLACE (State or Foreign ry)  V a .
petal	1	9b. CIT	-al	DR LOCATION OF D	EATH	9c.	GOUNTY OF E	
		10c. CITY, TOWN	OR LOCA	TION			U	10d. INSIDE CITY LIMITS?
rd		Edge	ewoo	d				1 YES 2 NO
			10	I. ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?
ve				21040			U.S.A	
P. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WI	YES 2 X		If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 2 NO Speci	an, Puerto Ric	(Specify Yes or N can, etc.)	Blac	E — American Indien, k, White, etc.  White
ION inpleted) College (1-4 or 5+)	(Gi	cedent's usual of the kind of work done Do NOT use retired.	during mo	ast of working	16b. K	IND OF BUSINES	SS/INDUSTRY	
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				Lenn	a			
	191	. MAILING ADDRES	S (Street a	and Number or Rural	Route Number	City or Town, Sta	ite, Zip Code)	
den	3	06 Keni	nord	Ave d	Edgew	rood Ma	arylar	nd 21040
I trom State		MND DATE OF DISPO		ame of	DATE		ON — City or To	
SEE	- Oak	22		ND ADDRESS OF FA	CILITY		imore	
nnel	ly		onn 110	elly Fu Soller				undalk 1k 21222
Term	ie on each line	Resp	r the mo	ode of dyling, suc	ilus	c or respirator	ry arrest,	Approximate Interval Between Onset and Death
Conge	OR AS A CONSECUTION OF AS A CONSECUTION	heart	fa	ilue,	Cor	pularos 1	rale	
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contributing to	death but not	esulting for the u	nderlyln Ser	g ceuse given in		PERFORMED	?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
QSPITAL:		Lozus		LACE OF DEATH (C	neck only one)			
Inpatient 2 🗆	ER/Outpatient 3			ne 5 🗆 Residence	6 D Other	Specify)		
28a. DATE OF I (Month, Da	INJURY y, Year)	28b. TIME OF INJURY M	W	HURY AT ORK? YES 2 NO	28d. DESC	RIBE HOW INJUR	Y OCCURED	
26e. PLACE OF building, a	INJURY — At ho itc. (Specify)	me, ferm, street, fe	ctory, offic	•	28t. LOCAT City or	TON (Street and N Town, State)	lumber or Rural	Route Number,
				end place, and du				e) end manner as stated.
1				29c. LICENSE NU			1	
mul	to				187		DATE SIGNED	(Month, Day, Year)

FALLS TON, MD

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JR. JANUKY 5 Harry Mowry 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 16-9188 1 M 2 | F has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN DR LOCATION BALTIMERE ARKVILLE FUNERAL IOo. STREET AND NUMBER 10f. ZIP CODE 3412 212 3 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yas or No-**BALTIMORE, MARYLAND 21215-0020** If yes, specify Cuben, Maxican, Pu 1 TES 2 NO Specify: 1 Never Married 2 Marris BY IF YES, GIVE WAR DR DATES 3 Widowed 4 Divorced W.W. BE COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) CONTRACT 12 once. 17. FATHER'S NAME (First, Middle, Last) MIL notified at FORMANT'S NAME (Type/Print 2 Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must ! 4 Donalion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY medical fter the diseased, or complications that ceused the de-hoot, or heart fallure. List only one cause on each line. that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory IMMEDIATE CAUSE (Finel event, the disease or condition resulting in death) C'erebre resculer accident. HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): Small cell ca of lune or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury metassans DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST item 23 shows any Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) r this certificate his with the State [ HOSPITAL:
1 Selection 1 DOA OTHER: 1 YES 2 NAD 4 🗌 Nurs e 5 - Residence 6 - Other (Specify) 6 27. MANNER DF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCC marked, 1 Natural 1 YES 2 ND FUNERAL DIRECTOR; After t within 72 hours after death 2 Accident 28s. PLACE DF INJURY — Al home, farm, streel, lactory, office building, etc. (Specify) 69 3 Suicide 28f. LOCATION (Street and Number City or Town, State) 8 Could not be determined COMPLETED 28 4 Homicide Hem 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as state IMPORTANT: If 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 로 보고 하는 기를 DEANO; 243-8946 PGY-I M.D 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) 23 2 UNION MEMORIAL HOSDITAL, UNIVERNITY BALTIMORE, MID ZIZIO

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1 -

12

PAUL

JAN 1 0 1994

201E

00290 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN DF WHAT COUNTRY?

MARTIN MARETTA

20c. LOCATION -

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 ND

-F9

3. TIME OF DEATH

BALTO. MD

10d. INSIDE CITY

1 YES 2 ND

00-10 hrs. M

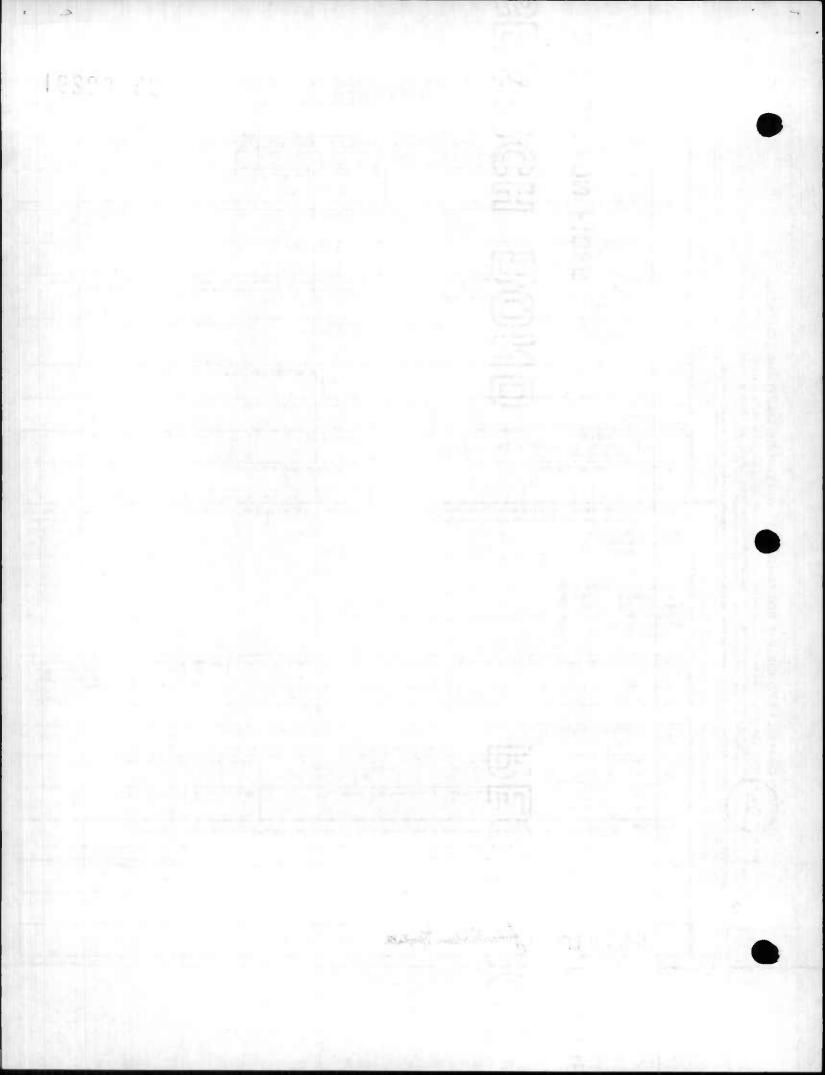
REG. NO.

(Sear)

Bores	SH	DEXILLE
tory arres	t,	Approximate Interval Between Onset and Death
		12 days.
		3 weeks
		3 weeks.
TOPSY D?	CO	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
	l .	
	11	YES 2 NHD
	11	YES 2 NAD
		YES 2 NAD
JRY OCCUP		YES 2 NAND
٠	BED	
Number or	BED	
Number or	Rural Route	
Number or as stated, use to the c	Rural Route Buse(s) an	d manner sa stated.
Number or se stated, use to the c	Rural Route	d manner sa stated.
Number or se stated, se to the c	Rural Route Buse(s) an	d manner sa stated.
Number or as stated, use to the c	Rural Route Buse(s) an	d manner sa stated.
Number or se stated, se to the c	Rural Route Buse(s) an	d manner sa stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.	94	0029
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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC				GIENE 91	00291	
	1. DECEDENT'S NAME (First, Middle, Leet)  CARRIE	uccoy				2. DATE DF DE	DAY 9	YEAR / / / / / / / M	
	4. SOCIAL SECURITY NUMBER 218-18-9812	1 🗆 M 2 💢 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	TH :	8. BIRTHPLACE (State or Foreign Country) N. CAROLINA	
TOR	90. FACILITY NAME (If not institution, give MERCY MEDICAL RESIDENCE OF DECEDENT		R LOCATION OF E	DEATH		TIMORE			
AL DIRECTOR	100. STATE	ry		LTIMORE			10d. INSIL		
BY FUNERAL	633 AISQUITH ST.  11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	REET AP  12. WAS DECEDENT EVER FDRCES? 1 YES IF YES, GIVE WAR OR	2 X ND		city Cuben, Mexic	ANIC ORIGIN? (Specian, Puerto Rican, a	Ify Yes or No-	J.S.A.  14. RACE — American Indian, Black, White, etc.  Specify: BLACK	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 9th	UCATION le completed)  Cotlege (1-4 or 5+)  N/A	16a. DECEDENT'S USA (Give kind of work life. Do NOT use re	k done during mo: etired.)	N at of working	16b. KIND (	DF BUSINESS/INDU		
8	17. FATHER'S NAME (First, Middle, Lest) MATTHEW MCCOY  19a. INFORMANT'S NAME (Type/Print)	155)			CALLIE	AME (First, Middle, M SMITH		Confet	
2	CHARLOTTE PRICE  20a METHOD DF DISPOSITION 1 X Burlel 2 Cremetton 3 Ref	noval from State	1500 N.	ELLWO	OD AVEN	UE/BALTI	MORE, MD 0c. LOCATION — C	21213	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		metery, crematory or other KING MEMOR	22. NAME AN	D ADDRESS OF F		RANDALLS E. NORTH	STOWN, MD  H AVENUE	
	23. PART 1. Enter the diseases, or ahock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MULTIPLE	each line.			ch aa cardlac or	reapiratory arre	et, Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	END STAGE E	A CONSEDUENCE OF):						
AL	PART II. Other significant condition				cause given in	P	AS AN AUTOPSY ERFORMED? YES 2 DYND	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C	heck only one)	fw)		
ву рну	27. MANNER DF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c, INJ WO M 1 1 Y	URY AT RK? 'ES 2 NO		HOW INJURY OCCU	JRED	
COMPLETED	3 Suicide 8 Could not be detarmined	building, etc. (Sp				City or Town	, State)	or Rural Route Number,	
COMPL	one)	SICIAN: To the best of my kno IER: On the beele of examinat						d. ceuse(e) end menner ea stated.	
TO BE	29b. SIGNATURE AND TITLE OF GERTIFIE  30. NAME AND ADDRESS OF PERSON W	BYZ - SULGICAL  HO COMPLETED CAUSE OF D	RESIDENT	int)	29c. LICENSE NU	JMBER	29d. DATE	SIGNED (Month, Day, Year)	
	JUAN D. M 31. DATE FILED (MONTH), Day, Your) JAN 1. 0 1994	TONTOYA MI							



DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

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31. DATE FILED (Moriti, Day, Year)

IAN 1

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Julia Kurlson

Pages 1, 2, 3 should permit. detached for use as the burial-transit retained by the hospital or attending physician. 2 Ħ funeral director, page 5 should notified 2 e Раде 6 тау must examiner nours after death. filled in by the fi medicai completely filled inial, cremation, the death certificate be executed within event, and com o burial, traumatic prior to attending physician ntal Hygiene prior to other 1 6 signed by the atte Injury, any Shows t. of P THE HISPITAL OR ATTENDING PHYSICIAN: The law the HISPITAL SINGLECTOR: After this certificate has be the winn 12 fours after death with the State Dept. 23 Item 6 marked, 28 Item =

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JOHN E. MORSE JR. HN

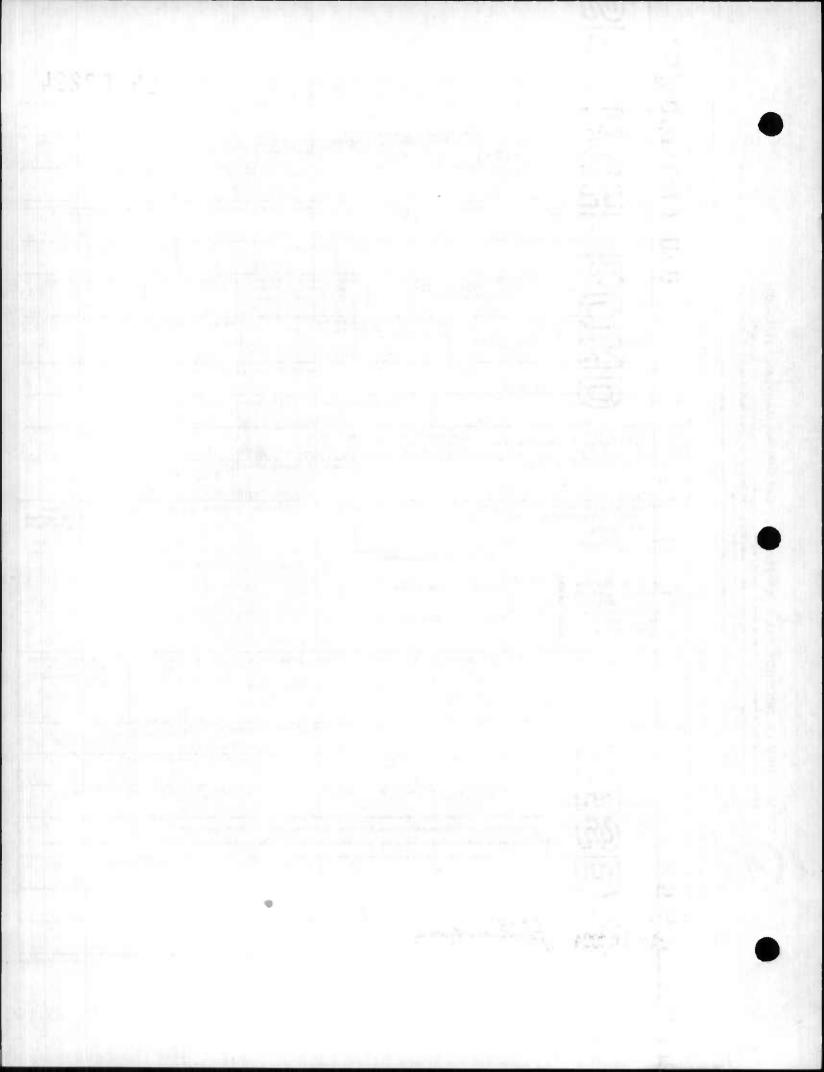
0029 01, 30 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 19-05 488 a 91 MARYLAND 1 M 2 F FACILITY NAME (If not institution 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH Hano S 405 RESIDENCE OF DECEDENT 10a. STATE 10b, COUNTY 10d. INSIDE CITY 18c. CITY, TOWN OR LOCATION 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, Whita, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: 3 Widowed 4 Divorced WHITE 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 INSURANCE AGENT INSURANCE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN E. MORSE **GRACE** ZELL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 23 DUNMORE ROAD CATONSVILLE, CATHERINE MORSE (WIFE) MARYLAND 21228 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE LORRAINE PARK CEMETERY 1/11/94 WOODLWAN MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Rugaelles 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition ougestive resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING Cafed cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO PERFORMED? COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO stient 2 🗆 ER/Outpatient 3 🗀 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide detarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year) 431 M 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

36863 45 TAN LONG Schulder Price

		FOR STATE REGISTRAR		STATE OF MARY	AND / I	DEPART	MENT OF	HEALTH AND DEATH	ND ME	NTAL HYGIEN REG. NO.		Lį.	00293
		1. DECEDENT'S NAME (First,	Middle, Last)	MARTIE	IN J	J. MA	RTIN	·	2.	DATE OF DEATH	8	1924	3. TIME OF DEATH
pinous		4. SOCIAL SECURITY NUME 220-72-2078 9a. FACILITY NAME (If not in	3	1 🙀 M 2 🗆 F	(In yrs. last I	YRS.	IF UNDER 1 YEAR MONTHS DAYS		IIN.	DATE OF BIRTH (Month, Day, Year) 08-16-60		Country)	MARYLAND
2, 3 sho	TOR	UNIVERSITY RESIDENCE OF DEC	HOSP				96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE			9c. COUNTY OF DEATH			ATH
permit. Pages 1,	DIRECTOR	100. STATE MARYLAND	10b. COUNTY	ALTIMORE		10c. CITY,	TOWN OR LOCA					Od. INSIDE CITY LIMITS?	
	A P	10e. STREET AND NUMBER			DONE			OODLAW			10g. CITIZ		YES 2 XXNO
215-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 Divo	12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARM	ED	II yes, s	pecify Cuban, M	ISPANIC (	ORIGIN? (Specify Yee tuerto Rican, atc.)	or No—	14. RACE - Bleck, Specify:	S.A.  - American Indien, White, etc.  WHITE	
21 al or to to to	PLETED		EDENT'S EDU- highest grade	College (1-4 or 5+)	(Give	e kind of wo Do NOT use		ost of working		166. KIND OF BUS			WILLE
MARYLAND 2  retained by the hospital  5 should be detached to notified at once.	E COMPL	17. FATHER'S NAME (First, M. WILLIAM C.	ddle, Last) MART	IN SR.	L RE	EGIST	JERREND I			(First, Middle, Maiden			
5 5 5	TO B	WILLIAM C. N		SR. (FATHER					Runal Route	ALAIMO  Number, City or Town  ALTIMORE,			21244
ALTIMORE, I leath. Page 6 may be funeral director, page xaminer must be r		WILLIAM C. MARTIN SR. (FATHER) 2115 N. ROLLING ROAD BALTIMORE, MARYLAND 21244  20e. METHOD OF DISPOSITION    Question   2   Cremetton   3   Removal from State   20b. PLACE AND DATE of DISPOSITION (Name of cemetery, cremetory or other piece)   OATE   20c. LOCATION - City or Town, State   20c. LOCAT										n, State	
9 = 9		22. NAME AND ADDRESS OF FACILITY  LEROY M. & RUSSELL C. WITZKE FUNERAL HOME:  1630 EDMONDSON AVENUE CATONSVILLE MARYLANI  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate										RAL HOMES	
in 24 hours afti ely filled in by hation, or remo		23. PART I. Enter the di ehock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert renure.	complications that ceuse constitution one ceuse on a support of the ceuse on the ceuse on the ceuse on the ceuse on the ceuse on the ceuse on the ceuse of the ce	ech line.		t enter the me	ode of dying,	auch as	n cerdiec or reepli	ratory arre	st,	Approximate interval Between Onset and Deeth
BOX 6870 ficate be executed physician and corr ne prior to burial, ner traumatic ex	CERTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or injust that initieted events	liate NG	DUE TO (OR AS	CONSEQU	AL/ IENCE OF):	lafelor	uyosa	inco	na		_	
0 4 8 E	CERTI	resulting in deeth) LAS		J									
AECORD: requires that the een signed by the of Health and M shows any Inju	MEDICAL	PART II. Other significed	nt condition	s contributing to deeth but not resulting in the			the underlyin	g ceuse giver	n in Pari	t I. 24a. WAS AN / PERFORI	MEO?	CO	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATN?  YES 2 NO
TAL The law tte has b ate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 YO	MEOICAL	HOSPITAL:	oatlent 3		28. P	LACE OF DEATN					
PHYSIC this ce with t	ВУ РНУ		Pending nveatigation	28e. OATE OF INJURY (Month, Day, Year)		28b. TIME INJUI	OF 28c. IN. RY WO	JURY AT ORK7 YES 2	280	d. OESCRIBE NOW IN	JURY OCCI	JRED	
DIKISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	ETED	4 Homicide	Could not be letermined	28e. PLACE OF INJURY building, etc. (Spe	cify)			-		f. LOCATION (Street ar City or Town, State)			te Number,
E 36 =	COMPL	(Check only		CIAN: To the best of my know R: On the basis of examination									nd menner ee stated.
PORTAN.	BE	29b. SIGNATURE AND TITLE	/	rue MO	)			29c. LICENSE	- 0	ut	29d. DATE	SIGNED (N	forth, Day, Year)

	Λ.	*8 NAME (First, Middle, La	at)	14				2. DAT		AY /O	VEAR	TIME OF DEAT
		Ne S	6. SEX	Nue	ssle	10			1/6	194		2045
	_		1 M 2 M F	112		F UNDER 1 YEAR ONTHS DAYS		(Mor	th, Day, Year)		Country)	CE (State or Fo
		9-7042  NAME (If not inatitution, given				b. CITY, TOW	N OR LOCATION OF		ober 8	· -	Mary OF DEATH	yland
CTOR	Chur	ch Hospita	1				to. City					
ш	RESIDENCE	DE OF DECEDENT			10c, CITY, 1	TOWN OR LOC	,				100	d, INSIDE CITY
DIR	Marvl	and	Balto.			Dund						LIMITS?
AL		AND NUMBER	101.00				10f. ZIP CODE			10g. CITIZE		COUNTRY?
FUNER		Graywood R					212				U.S.	
BY FU	11	STATUS  Iarried 2 Married  d 4 Divorced		NT EVER IN U.S 1 YES 2 WAR OR DATES	<b>⊠NO</b>	If yes,	epecify Cuban, Mexi 'ES 2 NO Spe	can, Puerto		s or No- 1	4. RACE — Black, Wi Specify: Whi	American Indication in the American Indication in the American Indication in the American Indication in the American Indication in the American Indication in the American Indication in the Indication in Indication in the Indication in the Indication in the Indication in the Indication in the Indication in Indication in the Indication in the Indication in Indicatio
ED.		15. DECEDENT'S E		160	DECEDENT'S US	UAL OCCUPA	ATION most of working	16	b. KIND OF BU	SINESS/INDU		
LET	Elementar	y/Secondary (0-12)	College (1-4 or 5		(Give kind of worlde. Do NOT use r							
COMPL	17 EATHER'S	NAME (First, Middle, Lest)		I	Factory	Worke		1445		onal (	Can Co	0.
_		Joseph Ke	dzierski				16. MOTHER'S I		sia S		neka	
) BE		ANT'S NAME (Type/Print)	CALCIBAL		19b. MAILING AT	DDRESS (Street	et and Number or Run				_	
5	Joy	ce McGee			14307	Dai	rydale :	Road	Baldw	in , N	1d. 2	1013
		OF DISPOSITION  2 Cremation 3  R	lemoval from State		ACE AND DATE OF		(Name of	OA	TE 20c. LO	CATION - C	ty or Town,	State
	23. PART I.	Enter the diseases, it shock, or haert fellur	or complications the	at coused the	e deeth. Do not	Ruck enter the r	Towson I	Funer	al Hom	York Inc.  e, Inc.  lratory arres	· ·	Approxim
		ehock, or heert fellui E CAUSE (Finel condition	e. Liet only one car	use on sech	Talx	enter the r	Towson :	Funer uch as ca	al Hom	e, Inc	· ·	Approxim Interval B Onset ap
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TION	IMMEDIATE disease pr resulting in	ehock, or heert fellui E CAUSE (Finel condition	e. Due to	O (DR AS A COI	Talx	enter the r	mode of dying, sa	Funer	al Hom	e, Inc	· ·	Approxim Interval E Onset an
ICATION	IMMEDIATE disease or resulting in Sequentiel If eny, leed ceuse. Ente	ehock, or heert fellur CAUSE (Finel condition in death)  by list conditione, ling to immediate are UNDERLYING	e. DUE TO	D (DR AS A CON	NSEQUENCE OF):	enter the r	mode of dying, sa	Funer sch as ca	al Hom	e, Inc	· ·	Approxim Interval B Onset ap
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CERTIFICATION	IMMEDIATE disease or resulting in Sequential if eny, leed ceuse. Ent CAUSE dithat initiate resulting in	ehock, or heert feilure. CAUSE (Finel condition in death)  ly list conditione, ling to immediate ar UNDERLYING beesee or injury in death) LAST	e. OUE TO  DUE TO  d. OUE TO	O (OR AS A CON	NSEQUENCE OF):  NSEQUENCE OF):	. Ed	mode of dying, st	uch as ca	al Hom	e, Inc	o.	Approxim Interval B Onset and Rew be
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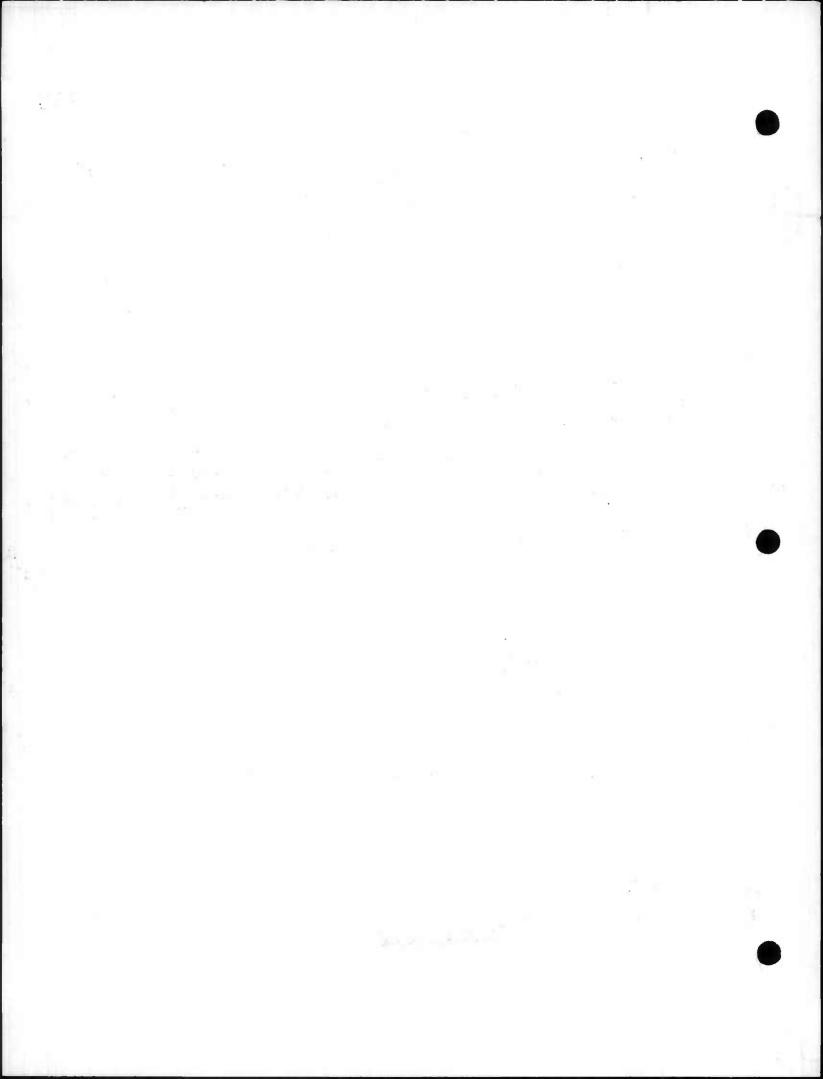
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FOR

	The state of the s	est)				2. DATE OF DEATH	) "	TIME OF DEATH		
	KWADWO ADW	O KALOMO OI	NYANGO			01 06	199	4 3:52 A		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign		
	45-66-5764	7 1/1 M 2 🗆 F	22 YRS.	MONTHS DAYS	HOURS MIN.	111-16-7	r/V	Varylang ?		
	9a. FACILITY NAME (If not institution, gi	ive street and number)		9b. CITY, TOWN	OR LOCATION OF D	DEATH	9c. COUNT	Y OF DEATH		
СТОВ	MARYLAND SHO			BALTI	MORE					
E E	10a. STATE 10b. COU		10c. C11	Y, TOWN OR LOCA	TION			10d. INSIDE CITY		
DIREC	MD,		9	BATTIN	MOS			LIMITS?		
	100. STREET AND NUMBER	/		10	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
E I	& VENKI	R1 51,								
FUNERAL	11. MATRITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED			NIC ORIGIN? (Specify Ya	a or No- 14	I. RACE - American Indian, Black, White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			NO Speci			Specify: a 42/		
ED	15. DECEDENT'S E	EDUCATION	18a DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS (IMDUS	PLACK		
E	(Specify only highest gr Elementary/Secondery (0-12)		(Give kind of life. Do NOT u	work done during m	ost of working	IOD. KIND OF BO	SINESS/INDUS	o ini		
亘	127/	College (I-V Or 3.7)		-	-					
COMPL	17. FATHER'S NAME (First, Middle, Last)	1.	.4		18. MOTHER'S N	AME (first, Middle, Maiden	Surname)			
BE (	NUAYEN/A	UNVAN	1517	<u></u>	1756	HAH /	11/12	ZR		
10	190, INFORMANT'S NAME (Type/Print)	nn.11-	196. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	vn, State Zip Co	ode)		
	200 METHOD OF DISPOSITION	////bR	1/4	2/1/8	11/11/	ALIAS Alo	1.12	1111		
	1 Burial 2 Cremation 3 R	Removal from State	20b. PLACE AND DATE	OF DISPOSITION (Nother place)	ame of	DATE 200/LO	CATION — CIT	y or Town, State		
	21. SIGNATUME OF FUNDAL SERVICE	LICENSEE	1997-1111	22. Mar. A	NO ADDRESS OF I	SULLY ALL Z	4-1711	11/1		
	14. 1	11/1		(24)	ST KIN	ARCH FUN	11/200	40016 01,		
$\vdash$	23. PART I. Enter the diseases, in	11 over		6/1	1 HRE-1	DAILTON	1999	it, Approximate		
- 1	IMMEDIATE CAUSE (Final disease of condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Onaet end Death  Onaet end Death									
	disease or condition				NDS					
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CATION	disease of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE O	F):	NDS					
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760



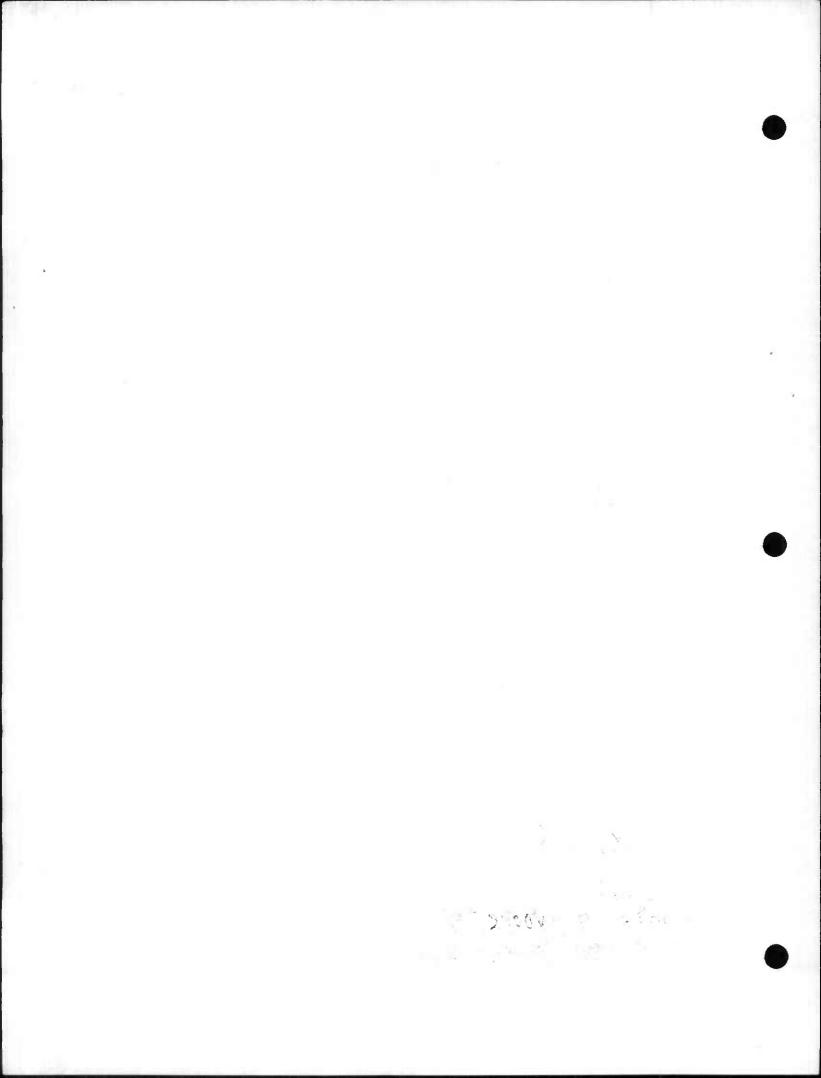
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The law requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospital or attanding physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1. 2. 3 should	al, cremation, or removal.	od, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1: The law requires that the death certificate be execut	cate has been signed by the attending physician and	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic
D THE HOSPITAL OF STEEDING PHYSICIAN	D THE FUNERAL DIRECTOR: After this certific	e filed withint 72 hours after death with the S	MPORTANT: If item 28 is marked, or i

00296 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 1 - STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)
Marie Ongsingco 2. DATE OF OEATH MONTH DAY 3. TIME OF OEATH YEAR 1307

	4. SOCIAL SECURITY NUMBER 215–30–9647	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	OF BIRTH Day, Year) - 15- 24	6	BIRTHPLA	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give Union Memorial )		03		37		n Locati		EATH	10- 24	9c. COUNT		н
DIRECTOR	MARYLAND 106. COUN	n/a		10c. CIT	Y, TOWN O	LTIM						10c	d. INSIDE CITY VLIMITS? YES 2 NO
FUNERAL	610 MELVILLE AVE		101. ZIP CODE 10g. CITIZEN OF UNITED										
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 XX	MED		f yes, sp	cify Cubi	m, Maxica	n, Puerto F	7 (Specify Yea Hoan, atc.) INDIES	or No—	Black, W	American Indian, hita, atc. BLACK
COMPLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) N/a	OUCATION de completed) College (1-4 or 5 +	(Gi	we kind of	Work done of se retired.)	CUPATION MODELLE INTERPRETATION OF THE PARTY	st of working	ng	16b.	SOJOURN		JGLAS	COLLEGE
BE CO	17. FATHER'S NAME (First, Middle, Last) JEAN JACQUES							HER'S NA IEN A		Aiddle, Maiden :	Surname)		
10	199. INFORMANT'S NAME (Type/Print) ANTONIO ONGSINGCO		191	11 CL	OVER	(Street a	nd Number	or Rural H W LON	DON,	CONNETI		ode) 5320	Taria
	20a. METHOD OF DISPOSITION  XIX Burlel 2 Cremellon 3 Re 4 Donation 5 Other (Specify)		20b. PLACE / cemeter/ cre KING	MEM	ORTAL"	PAR	<		1+ 08		CATION — CH IDALLST(		State WRYLAND
	21. SIGNATURE OF FUNERAL SERVICE	A C	lapri	2			MARCI			01 E.	NORTH	AVENU	E
CERTIFICATION	23. PART I. Entar tha disease, o ahock, or heart failure immediate or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. Response to the second of t	2, 1 ofer OR AS A CONSEC QUYAL	DUENCE O	Ari Yem	res	t ma			liac or respir	atory arrea	it,	Approximate interval Between Onset and Death  Parawle  30 hoves
N: MEDICAL	PART II. Other significant condition  Chronic Sup  SIP CRANIC	Henajo	me						24s. WAS AN PERFORM	MEO?	AMA COF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE 0EATH?  YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100	WOSPITAL:	ER/Oulpatient 3	□ DOA	OTHER 4 - Num	1:			8 Other				
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF (Month, Da		28b. TIN	IE OF JURY M	28c. INJ WO 1   1	RK?	□ NO	28d. DES	CRIBE HOW IN	JURY OCCU	RED	
	3 Suicide 6 Could not b 4 Homicide determined		F INJURY — Al ho atc. (Specify)	me, farm,	streel, facto	ory, offici		FL)		ATION (Street a or Town, State)	nd Number or	Aural Route	Number,
COMPLETED	1-1	SICIAN: To the best of NER: On the bests of ax											d manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED PHILIPPE M. ( 30. NAME AND ADDRESS OF PERSON V	SUDARIC	MO	4 27) (Ima	Deleti		BEA ATZY	3894	IBER 16 E1 P	}	29d. DATE S	19 / G	onth, Day. Year)
	Ins	CAN		uni		MD	Fa	n. M	rel.	Z9 S	Paca	B	mare.
0	JAN 1 0 19	34 Julie	R'S IGNATURE	Pande	<b>S</b>								

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	IEALTH AND ME	NTAL HYGIEN		4 00297
	- 3	1. DECEDENT'S NAME (First, Middle, Lest)	Fannie PP(	Ross 0	ppe1	2.	DATE OF DEATH O	1/07/9	4 3. TIME OF DEATH 4 2: 43 A
PIN	9	4. SOCIAL SECURITY NUMBER 264843694	1 🗆 M 2 📉 F		IF UNDER 1 YEAR WONTHS DAYS		DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Kentucky
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s Good Samaritan	,			timore		9c. COUNTY	
Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
ermit. F		Maryland  100. STREET AND NUMBER	<u>Baltimore</u>		101	TOWSO ZIP CODE	n	10g. CITIZEN	1 TYES 2 X NO
ian. transit p	FUNERAL	509 E. Joppa R				212		υ	ISA '
21215-0020 all or attending physician. for use as the burial-transit permit. Pages 1,	B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR O	2 NO	13. WAS DEC	endent of Hispanic Coeffy Cuban, Maxican, Po 2 NO Specify:	RIGIN? (Specify Yes verto Ricen, etc.)	or No— 14.	RACE — American Indian, Black, Whita, etc. Specify: White
S at Se	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	vrk don <del>e</del> durina mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	
o g g o	COMPL	8th. Grade	College (1-4 or 5+)	Hom	emaker			Home	
के विव		17. FATHER'S NAME (First, Middle, Last)  Armistead	Morehead	Churchi	11	18. MOTHER'S NAME (	First, Middle, Malden  Montez		7.5.00
MARY retained by 5 should be notified at	TO BE	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a	nd Number or Rural Route	Number, City or Tow	n, State, Zip Coo	de)
Z gg Z		Wallace C. Opp	20h	7200 3				Sykesy	ille,MD 21784
TIMOR Page 6 mai al director, p		1 Burial 2 XCremation 3 Remo	oval from State	etery, crematory or other Cre	matory	,Inc. 1/	8 B		ore, MD
ALTIMOR death. Page 6 ma e funeral director, 1 i.		21. SIGNATURE OF FUNERIAL SERVICE LIC	C July	K	Crema	ation Soc	iety of	f Md.,	, Inc.
after after by the mova		George E.	omplications that caused	f the desth. Do no	299 I	rederick	Road 1	Balto.	MD 21228
by filled light or the me		shock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Polytone cause on ea	9Ma					Interval Betwee
B 6 8	z		OUE TO (OR AS A	CONSEQUENCE OF	of F	ailure			
ra ician	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TRIOR AS A	CONSEQUENCE OF	Rite				
certificate noting physical profile pr	ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	gamos	<del></del>			
S, death	AL CE	PART II. Other significant condition	s contributing to death b	ut not resulting in	the underlying	csuse given in Pari			24b. WERE AUTOPSY FINDINGS
and the state of t	MEDICA	Atrial Fibri	llatio_				1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
show show		Acute Revol	Failure						1 YES 2 NO
The law sate has b state Dept.	HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Check o	nly one)		
PHYSICIAN: This tertifica with the St rived, or it	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Pinpetient 2 ER/Outp 28a. DATE OF INJURY	atient 3 DOA 4	OF 28c. INJI	• 5 Residence 8 URY AT 28d	Other (Specify)	NJURY OCCURE	EO
NOtivic PH R. After this r death will	BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	M 1 7	RK? 'ES 2 NO			
	ETED	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, term, str ify)	eet, factory, office	281	LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
	COMPLE		CIAN: To the best of my knowl R: On the basis of examination						use(s) and manner as stated.
H H H	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	hΛ		29c. LICENSE NUMBER			GNED (Month, Day, Year)
P P 3 M	2	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, P	rint)	RITAN	LINSPI	TAI	7/34
×		31. DATE FILED (Month, Day, Year) JAN 1 0 1994	32, REGISTRAR'S SIGNA	ATURE	3/11/1/	NI M	1/0011	1112	
C.	- 0	11		1.11160					



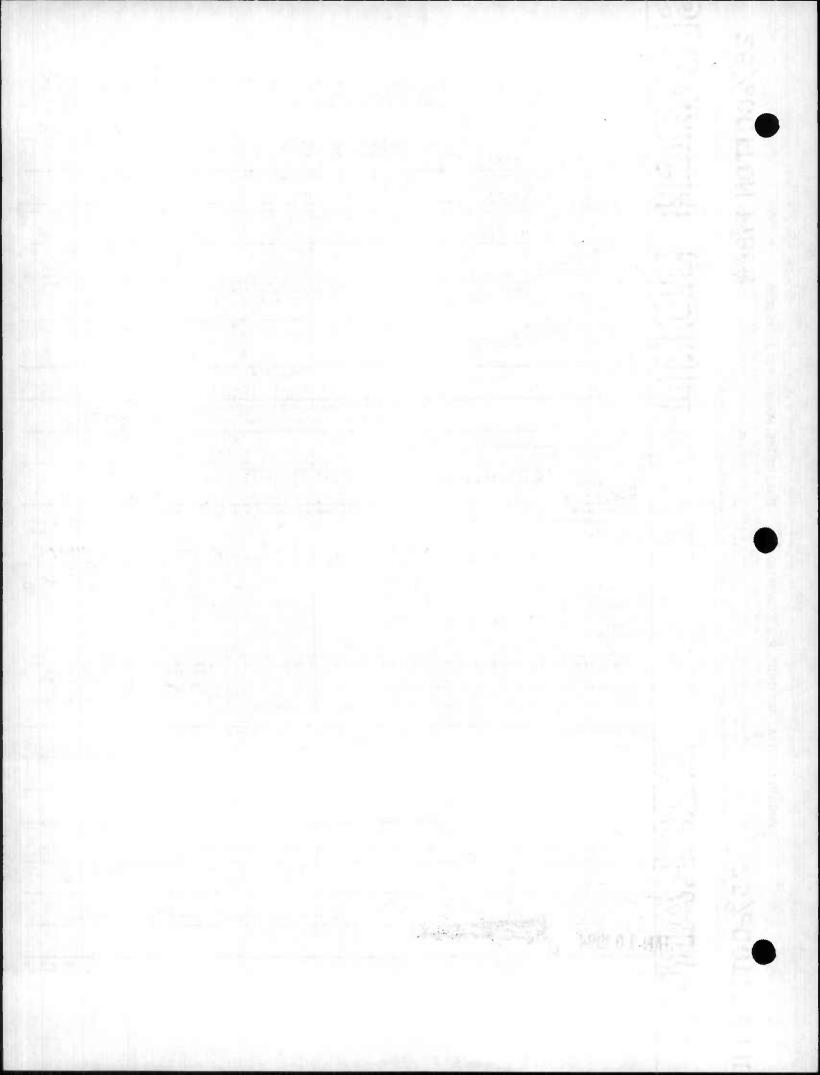
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

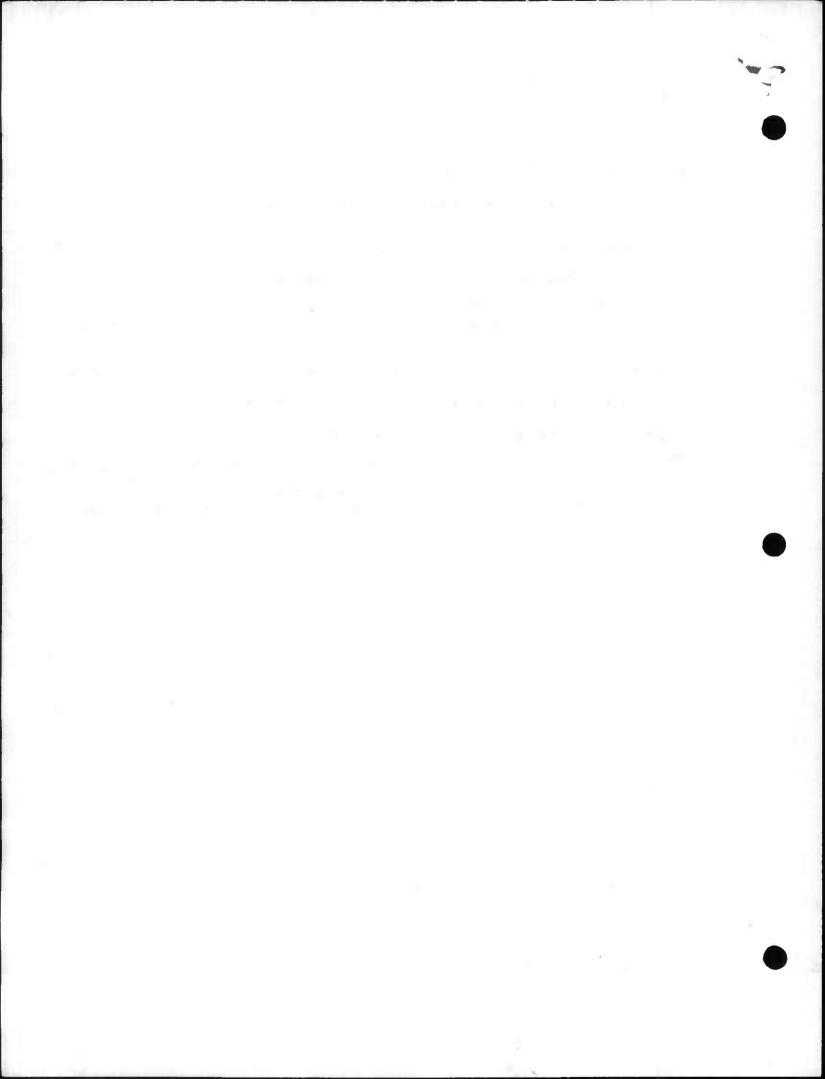
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death, Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 31. DATE FILED (Month,

16000	M	Pala	.)	ICATE OF			2. DATE OF DEATH MONTH	AY	YEAR	OF OEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	Inst hirthriau)	IF UNDER 1 YEAR	IF UNDER	24 MDC	7. DATE OF BIRTH	26	8. BIRTNPLACE (SI	5,20
213-18-3160	1 M 2 F	72	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	1921	Country) MD	are or roreign
9a. FACILITY NAME (If not institution, give		1 /		9b. CITY, TOWN	OR LOCATION	DN OF DE		_	NTY OF DEATH	
Harbor Hospital 4	Center			Balti	more				N/A	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			40.00							
	imore Cit	\/		7, TOWN DR LOC 1 timore					10d. INSI	DE CITY TS?
10e. STREET AND NUMBER	more cro	у	] Da		of, ZIP CODI			100 CITI	ZEN OF WHAT COU	
1642 Ceddox Stree	t.				2122			log. Citi	USA	WINT
11. MARITAL STATUS	12. WAS DECEDER			13. WAS DE		-	HC ORIGIN? (Specify Ye	or No-	14. RACE — Ameri	can Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 MAR OR DATES	ON	If yes, s		n, Maxica	n, Puerto Ricen, etc.)		Black, White, a	ite
15. DECEDENT'S EOL	JCATION			USUAL OCCUPAT			16b. KIND OF BU	SINESS/INC		
(Specify only highest grade Elementary/Secondary (0-12)	completed) Cotlege (1-4 or 5		(Give kind of life, Do NOT u	work done during n se retired.)	nost of working	9				
10			House	wife			own	home		
17. FATHER'S NAME (First, Middle, Lest)					18. MOTE	HER'S NA	ME (First, Middle, Malden			
Theodore App	el						Feehly			
19a. INFORMANT'S NAME (Type/Print)		100					Route Number, City or Tow			
Leona Herold						, Ра	sadena, M		122	
20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Ren	noval from State	cemetery.	crematory or o	OF DISPOSITION (I					City or Town, State	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE . D.	_ ] поту	cros	s Cemet	AND ADDRES	SS OF FA	1/10 G16	en Bu	rnie, MD	
Styles	Hulit	June -	-	McCu	lly F	uner	al Home of	F Bro	oklyn -	
Steven H. W				237	E. Pa	taps	co Ave. Ba	ltime	ore. MD	2122
23. PART I. Enter the diseases, or ahock, or heart failure.	List only one car	it caused the use on each li	death. Do i	not enter the m	ode of dyl	ing, suci	h as cardiac or reap	iratory arr		proximate erval Betw
IMMEDIATE CAUSE (Final disease or condition		1	.0.		(	) 0	1 0		On	set and De
resulting in death)	a	(OR AS A CON	SEDUENCE O	- /	Carl	rel	March	-	M	unts
	DUE TO	(OR AS & CON	AD A	*):			V		P	20-
The state of the s	b. DUE TO	(OF AS A CON	SEDUENCE O	F):	-	_			10	1 year
Sequentially list conditions,		110	/							
if any, leading to immediate cause. Enter UNDERLYING	c									
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO	(DR AS A CDNS	SEDUENCE O	F):						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	cDUE TO	(DR AS A CDNS	SEDUENCE O	F):						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d				ng cause ç	given in			24b. WERE AU	TOPSY FINDII
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d				ng cause (	given in	PERFDI	RMED?	COMPLET	E PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d				ng cause ç	given in		RMED?	AVAILABL COMPLET OF DEATH	E PRIOR TO ION DF CAUS I?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d				ng cause ç	given in	PERFDI	RMED?	AVAILABL COMPLET OF DEATH	E PRIOR TO
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if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATN	dna contributing to	ER/Outpatient	3 □ DOA	26. OTHER:	PLACE DF D	EATH (Chi	PERFDI 1 YES :	NO NO	AVAILABL COMPLET OF DEATH 1 YES	E PRIOR TO ION DF CAUS I?
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if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Netural 5 Pending Investigation  3 Suicide a Could not be determined	HOSPITAL: 1   Inpettent 2 28e. DATE Of (Month, I	ER/Outpatient INJURY — At etc. (Specify)	3 □ DOA 29b. TIM IN. home, farm,	OTHER: 4 Nursing No SEOF 28c. If WIRTY M 1 street, factory, off	PLACE DF D me 5 The TORK? YES 2 Coce	EATH (ChesisIdence	PERFOL  1 VES :  ack only one)  5 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  10 the cause(s) and ma	NJURY OCC	AWALABL COMPLET OF DEATH 1 YES  CURED  or Rural Route Numb	E PRIOR TO NON DE CAUS



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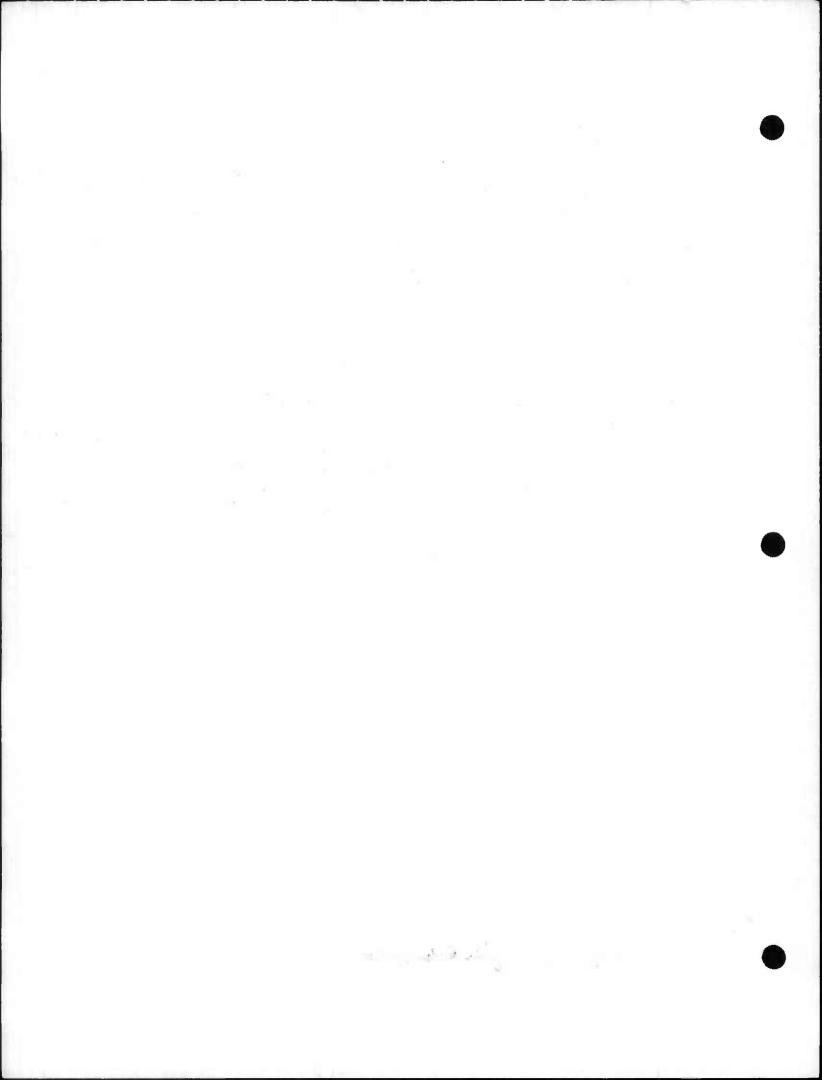
10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  11g. MAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecity Cuben, Mexican, Puarto Rican, etc.)  11g. Never Merried 2 Merried  11g. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecity Cuben, Mexican, Puarto Rican, etc.)  11g. Never Merried 2 Merried  11g. Never Merried 2 Mer	DE CITY S? 2 ND NOTETRY?
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  1. DATE OF BIRTHY  (Month, Day, Year)  (Month, Day, Year)  9a. FACILITY NAME (It not institution, give street and number)  9b. CITY, TOWN DR LOCATION  FESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN DR LOCATION  10c. CITY, TOWN DR LOCATION  10d. INSID  LIMIT  10d. STREET AND NUMBER  10d. STREET AND NUMBER  10d. CITY, TOWN DR LOCATION  10d. INSID  10d. INSID  11   YES	35 A M  ite or Foreign  OE CITY IS? 2 ☑ ND  ITRY?
THE STATE TO BETTER AVE TO BET	DE CITY S? 2 ND ITRY?
98. FACILITY NAME (II not inatifultion, give street and number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  10d. INSID  11 MADIAL STATIS  11 MADIAL STATIS  11 MADIAL STATIS	2 ND ND NTRY?
100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUN  2304 FOSTER AVE  210. MARITAL STATUS	2 ND ND NTRY?
100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUN  2304 FOSTER AVE  21. MARITAL STATUS	en Indian.
11. MARITAL STATUS 1   Never Merried   2   Merried   12. Was DECEDENT EVER IN U.S. ARMED   13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Americ Black, While, all Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. KIND OF BUSINESS/INDUSTRY  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	en Indien, :.
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15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY	
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The contract of the contract o	2
WALTER RUBBLY  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  FORTY REPORTS  19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
SHOW HE HISOVE	
20e. METHOD OF DISPOSITION  170 Burlai 2   Cremation 3   Removal from State  20b. PLACE AND DATE DISPOSITION (Name of pameter), crematory or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY	AnD
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one ceuse on each line.  1 App interior one disease or condition resulting in death)  2 DUE TO (OR AS A CONSEQUENCE OF):	roximate rval Batween et and Deeth
O of a graph of the property of the control of the	
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 700  1 YES 2 700	PRIOR TO ON OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 OF DEATH  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY  2	
27. MANNER OF DEATH 286. DATE OF INJURY (Month, Dey, Year)  286. TIME OF INJURY AT WORK?  286. DESCRIBE HOW INJURY OCCURED  1 Netural 5 Pending	
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(Check only   Check  er as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER	7/1994
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  OMAR GHANDOUR / GOOD SAMAR ITAN HOSPITAL	
31. DATE FINED MONTH 10 1994	



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00300

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTMENT CERTIFICATE			SIENE 9	4 00300
	1. DECEDENT'S NAME (First, Middie, Layf)	5. SEX 8. AGE (In yrs.	Russel last birthday) IF UNDER 1	// S.C. YEAR IF UNDER 24 HRS.	2. DATE OF DEA MONTH  7. DATE OF BIFTI	40AY - 9	3. TIME OF DEATH YEAR BIRTHPLACE (State or, Foreign
TOR	Ma. FACILITY NAME (If not institution, give s	treet and number)  N SREE	3 YRS.	DAYS HOURS MIN.  TOWN OR LOCATION OF D	EATH CITY	1920 1	Country) PAYY/ANY Y OF DEATH
DIRECTOR	mary/and 10b. COUNTY		10c. CITY TOWN OR	MOYE	0		10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO}\) NO
FUNERAL	3/2 W/r	12. WAS DECEDENT EVERIN U.S.	armen 13 mm	10f. ZIP CODE  2/20 AS DECENDENT OF HISPA	2	4	N OF WHAT COUNTRY?
ED BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES WWW. HYM.	□NO III	yes, specify Cuban, Mexico YES 2 NO Speci	an, Puarto Rican, at fy:	c.)	Specify: /ACK
Li	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	GECEDENT'S USUAL OCC (Give kind of work done du	CUPATION ring most of working	16b. KIND C	F BUSINESS/INDU:	STRY
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last)	W. Rus	ssell	Alti	AME (First, Middle, N	nomas	5
De notifi	196. INFORMANT'S NAME (Specific)  206. METHOD OF DISPOSITION	mith	TO JAPAN CE AND DATE OF DISPOSITI	speed and Humber or Fluid incton h	ve, B	A Sour, Statu Zip Co	md, 212.
examiner must	1/2 Burlal 2 Cremation 3 Remi 4 Donation 5 Dother (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	DWNSVI	AME AND ADDRESS OF PA	17 6	ROWN	wille m
, or other traumatic event, the medical	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON  OUE TO (OR AS A CON  OUE TO (OR AS A CON  OUE TO (OR AS A CON	SEQUENCE OF):	arcino	ma		Interval Betw Onset and D 2 yea
3 shows any injury, on the MEDICAL CE	PART II. Other significent condition	s contributing to deeth but no	ot resulting in the unde	erlying cause given in	PE	AS AN AUTOPSY REFORMEO? ES 2 NO	24b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	OTHER:	28. PLACE OF DEATH (Cr			
ै   ≿	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient  26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 20	Bc. INJURY AT WORK?		OW INJURY OCCU	RED
28 Is mar rED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	26e. PLACE OF INJURY — At building, atc. (Specify)		1 YES 2 NO	261. LOCATION (S City or Town,		Rural Route Number,
If item		CIAN: To the best of my knowledge,					
IMPORTANT: TO BE COI	296. SIGNATURE AND TITLE OF CERTIFIER	mean	w.	29c. LICENSE NUI		29d. DATE S	GIGNED (Month, Day, Year)
4	Alan Duncan		TEM 27) (Type, Print)	St. Bal	t:mn	c, m	7 2120
	31. DATE FILED (Month, Day, Year)	32. REGIST AR'S SIGNATURE				-	



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BALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be retained by the hospital or attending pt	page
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within abours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
nours after de	d in by the fi	or removal.	medical ex
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AN: The law	tificate has	e State Dep	or Item 23
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OR ATTEND	JIRECTOR: A	ours after d	em 28 Is
1	7	2	=
HOSPITA	FUNERA	within 7	TANT:

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1 - DECEDENT'S NAME (First, Middle, Last)

ROBERT

M. RISING

4 - SOCIAL SECURITY NUMBER

5 - SEX

6 - AGE (In yrs. last birthdsy)

F UNDER 1 YEAR

MONTHS

DAYS

HOURS

MIN.

7 - DATE OF BIRTTN

(Morth, Days Near)

COUNTRY

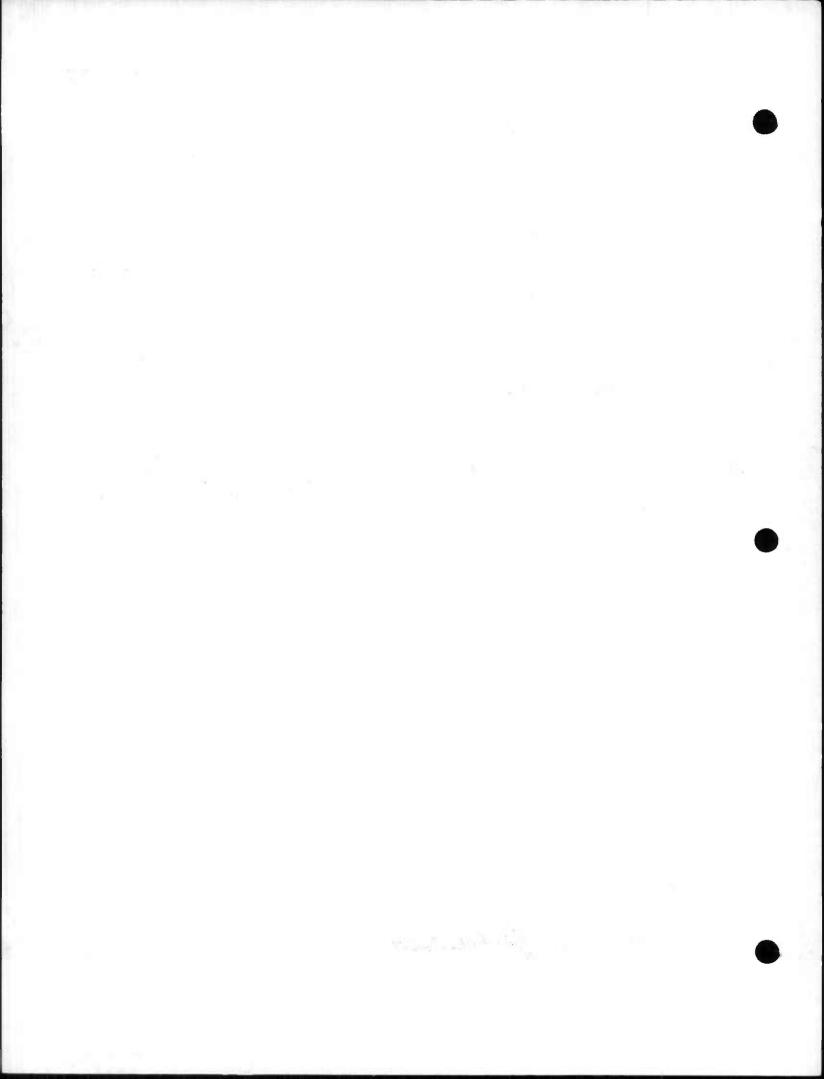
MONTHS

6 - BIRTTNPLACE (State or Foreign

COUNTRY

ACS A CHILICETTES

	1. DECEDENT'S NAME (First,								2. DAT	E OF DEATH	AY	YEAR O'L	3. TIME OF DEATN
	ROBE			RISING						1 6	2		10:45 p M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. last		IF UNDER 1	YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTN nth, Day, Year)		Country	PLACE (State or Foreign
I	212 - 09 -			76	YRS.					-01-17			ACHUSETTS
~	9e. FACILITY NAME (If not in				1			R LOCATION OF D			9c. COU	NTY OF DE	АТН
DIRECTOR	4877 I LCHES		ROAD			E	LL	COTT CI	TY			HOW	ARD
E E	10e. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR	LOCAT	ION					10d. INSIDE CITY
5	MARYLAND	Н	IOWARD			ELL.	TCO	TT CITY					LIMITS?
	10e. STREET AND NUMBER		io iiiiii				7	ZIP CODE			10g. CITI		HAT COUNTRY?
FUNERAL	4877 ILCHES	STER	ROAD					2104	13			U.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. WA	S DEC	ENDENT OF NISPAI	NIC ORIG	IN? (Specify Yae	or No—		- American Indian, White, etc.
	1 Never Merried 2 💢		FORCES? 1	YES 2 N	0			2 NO Specif		Ricen, atc.)		Black, Specifi	y: WHITE
9 64	3 Widowed 4 Divo	rced	<u> </u>										, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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ž			5		MET	'ROLO	GIS					. NAV	VY
	17. FATNER'S NAME (First, MI		a an					18. MOTHER'S NA			Surname)		
	ROBERT M.		G SR.					SARAH K					
2	mental and and		(PP)	- 1				nd Number or Rural					ID 010/0
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	th Burlet 2 ☐ Crematio	n 3 🗆 Rem	ioval from State	cemetery crea	DTTCE	Placel CEM	UN (Mai	RY 01/	10/	94 DODG	CATION —	MADVI	vn, State
	21. SIGNATURE OF FUNERAL		CENSEE /	- FILADOW	KIDGE	22. NA	ME AN	D ADDRESS OF FA	CHITY				
1	Ducase	een	1, >			LER	OY	M. & RUS	SSEL				ERAL HOMES
$\dashv$			gale			163	0 E	DMONDSON	I AV	ENUE CA	TONS	VILLI	E, MARYLAND
1	23. PART i. Enter the di ahock, or he	seasea, or o eart failure.	complications that List only one cau	t caused the de- se on each line.	ath. Do no	t enter th	e mo	de of dying, suc	h as ca	rdiac or raspi	iratory arr	rest,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Fin	al	0.	- 1-									Onset and Death
	resulting in death)	<b>→</b>	a	OR AS A CONSEC									year
			DUE TO	(OR AS A CONSEC	UENCE OF):	Pla.	0.	-					
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3	PART II. Other algnifica	nt condition	a contributing to	death but not re	eauiting in	the unde	riying	j cauae given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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PHYSICIAN	EXAMINER?	MEDICAL	HOSPITAL:	500		OTHER:		ACE OF DEATH (Ch					
2	27. MANNER OF DEATH		1 Inpetient 2 I		28b. TIME	-		JRY AT	_	ner (Specify) ESCRIBE NOW I	N IURY OC	CURED	
		Pending	(Month, D		INJU	RY	WO	RK?	200.0	LOCITIES NOW I	induni OC	CONLO	
0	2 Sudalda	Investigation	28e. PLACE O	F INJURY — At hor	ne, ferm, str				261, LC	CATION (Street a	and Number	or Bural Bo	oute Number
		Could not be determined	building,	atc. (Specify)						y or Town, State)			
ا ۲	29e. CERTIFIER 1 CERT	IFYING PHYS	ICIAN: To the best of	my knowledge des	th occurred	at the ti-	dete	and place, and dis-	to the :	euee(e)		and .	-
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	29b. SIGNATURE AND TITLE					, ,	1			prever en			Asserting to August 1
	alle River	A m	m					DZY78			29d. DAT	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	IO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type. P	rint)		U-110	/	**		11/	1)
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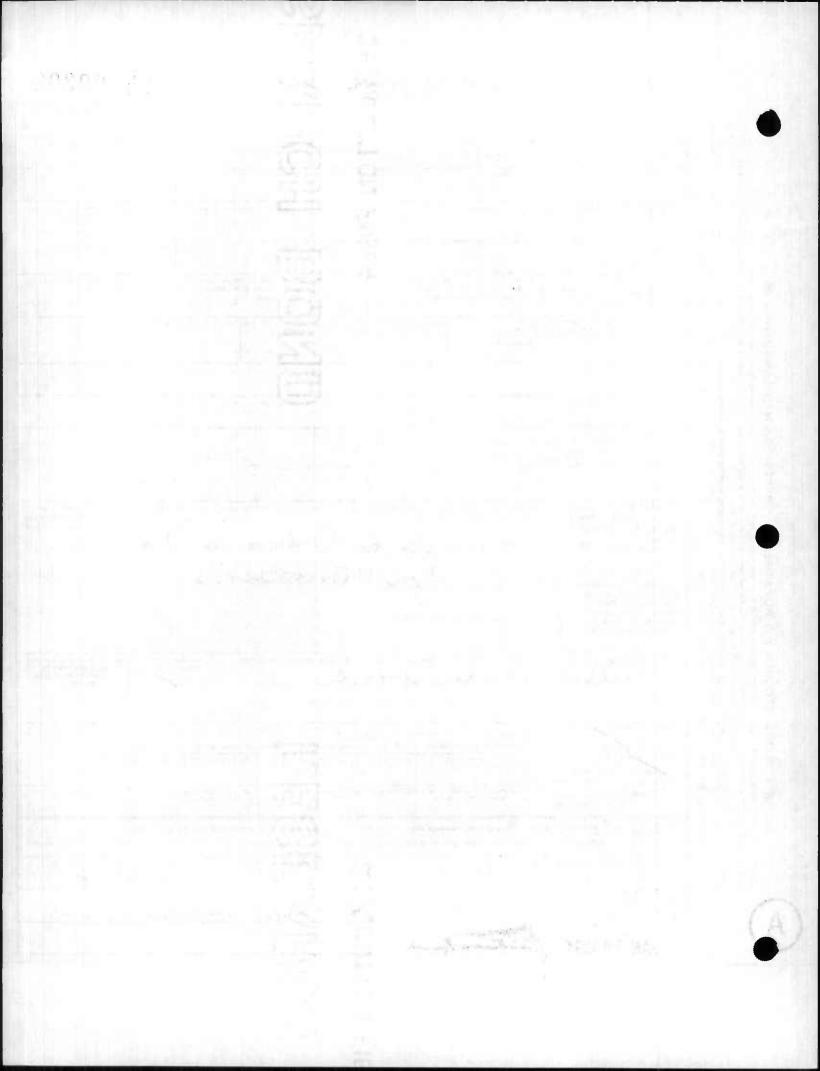
use as the bunial-transit retained by the hospital or attending physician. detached for 0 cremation, ysician and com prior to burial, Hygiene by the atten Signed I 0 has be Dept. the State L With C After t OR ATT HOSPITAL

FOR STATE REGISTRAR 00302 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) DORIS C. ROSENSTEIN 2. DATE OF DEATN 10:35 PM JANUARY 3,1994 EAR 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Country) DAYS MAY 76,1906 MONTHS HOURS 033-16-9994 87 1 M 2 X F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR PIKESVILLE BALTIMORE PIKESVILLE NURSING HOME Pages 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PIKESVILLE BALTIMORE MARYLAND 1 XXES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21208 USA 7 SUDBROOK LANE 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 60 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 XWidowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secon ndery (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HUIT **GOLDHAGEN** REBECCA JOSEPH BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3316 WOODVALLEY DRIVE BALTIMORE, MD 21208 DR BERYL ROSENSTEIN pe 20s. METNOD OF DISPOSITION
1∆ Burlal 2 □ Cremetton 3 X Bernoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1-6 -94 WOBURN, MASSACHUSETTS "TENTSH" CEMETERY 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 medicai 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart fellura. List only one ceuse on each line. Approximata Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF) colone event, resulting in death) severals 20 traumatic ears CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST injury, PART II. Other aignificant conditions contributing to death but not seaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE ascu shows any 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? or item 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident OIRECTOR: An hours after deal tem 28 is n 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be COMPLETED 4 Homicide FUNERAL OIREC within 72 hours a 29a. CERTIFIER 1. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated, 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month., Day, Year) BE dque 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) W402 Sheidon Goldgeerm.D 31. DATE FILED (Month, Day, Year)



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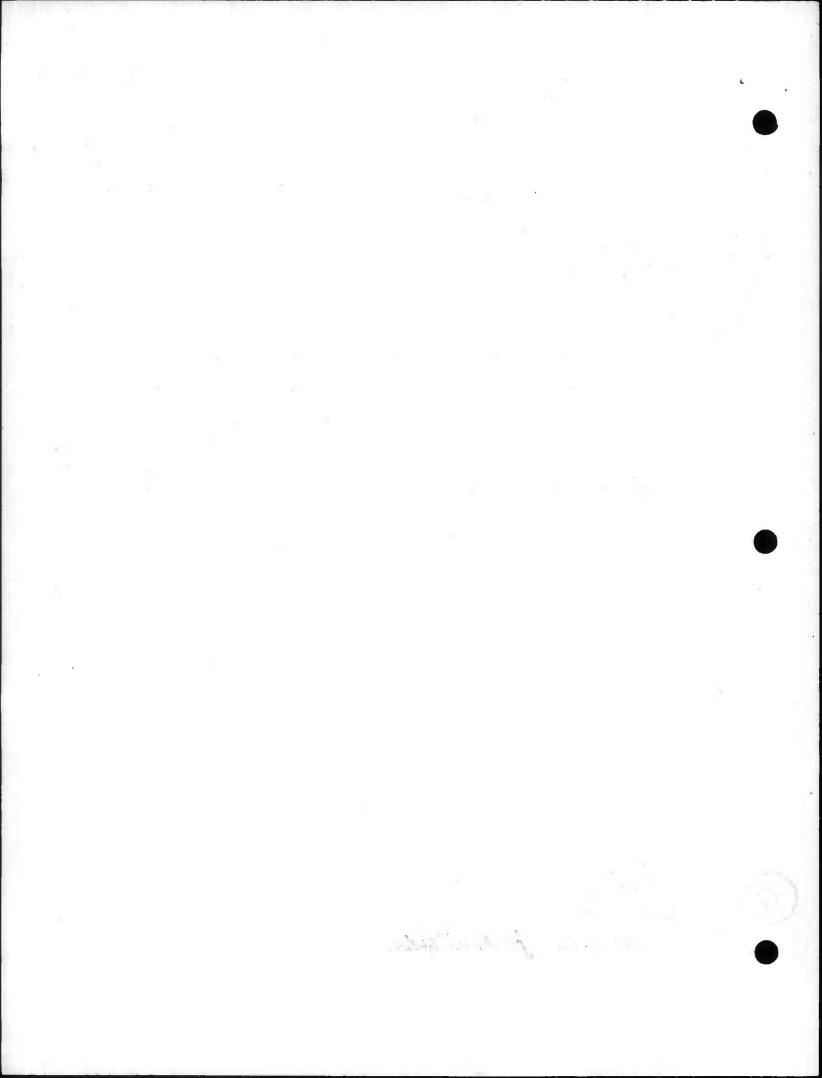
31. OATE FILED (Month, Day, Year) JAN 1 0 1994

FOR STATE REGISTRAR 00303 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 96 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN **M**Y2 ROBERT ROGERS 1:16 E . PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTN
(Month, Day, Year)
4-10-197 IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign DAYS HOURS 1) M 2 | F 22 YRS. 220-98-2484 Maryland 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF DEATN DIRECTOR 208 ELINOR AVENUE BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 TES 2 NO Overlea BY FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 208 Elinor Avenue 21236 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES X NO Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 years 2 years Assistant <u>Manager</u> Chic-Fil-A 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at C. Wallace Rogers Caroline J. Claridge BE 19a. INFORMANT'S NAME (Type/Print, 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Janice M. Meisel 3419 Moultree Place Balto., Md. 21236 pe 20a, METHOD OF DISPOSITION

ABurial 2 Cremation 3 Removal from State 20b. PLACE ANO DATE OF DISPOSITION / Name of 20c. LOCATION — City or Town, State OATE must cernetery, cremetory or other place)
Meadowridge Cemetery 4 Donation 5 Other (Specify) 1-6+94Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7401 Belair Rd. Lassahn Funeral Home Thereeal Balto., Md. 21236 10m2 medicai 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreet, shock, or heert failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF): found event, recuiting in death) 28 is marked, or item 23 shows any injury, or other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate . Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 X YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED (Month, Day, Year) 01/02/94 1 Natural 5 Pending unknowh 1 TYES 2 XNO Subject shot self BY 2 Accident Investigation 3 D Suicide
4 Nomicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) COMPLETED 208 ELINOR AVE**M**UE datarmined 208 ELINOR SVENUE(HOME) tem 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner as stated. be filed within 72 to IMPORTANT: If If 2 X MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE

40 C.M.E. 01/03/1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF GEATN (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201 32 REGISTRAR'S SIGNATURE



020	g physician.
21215-0020	or attending
Σ.	0
ND 2	by the hospital
4	100
Z	4
TIMORE, MARYLAND	Page 6 may be retained
-	90
쀭	тау
0	9
2	Page
E	th.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Pages 1, 2, 3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

4 Homicide

29a. CERTIFIER (Check only one)

	REGISTRAR  1. DECEDENT'S NAME (First, Middle,	Last) HELLE	NILYD		ULL		DLAI		2. DATE	REG. NO.	NY.	VEAR:	3. TIME OF DEATH
DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In	* *	= Impe	- 4 4540	I		7. DATE OF BIRTON  8. BIRTHPLACE			22 1	
	056-05-7711 1□M2⊠F 7			rs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.  WONTHS DAYS HOURS MIN. J.			June	a. BirthPLACE (State or Foreign Country) INE 27,1919  a. BirthPLACE (State or Foreign Country) New York					
	9a. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Sinai Hospital  Baltimore								ATH				
	10a. STATE  Maryland  Maryland  Maryland				10c. CITY, TOWN OR LOCATION White Hall								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 2800 Anderso	n Road		101. ZIP CODE 21161				10g. CITIZEN OF				HAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC OI If yes, specify Cuban, Mexican, Pu 1  YES 2 NO Specify:				in, Puerto	RIGIN? (Specify Yes or No — 14. RACE — America Rican, etc.)		- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  L 2  College (1-4 or 5+)			Give kind of v n. Do NOT us	ENT'S USUAL OCCUPATION and of work done during most of working NOT use retined.)  al Secretary  Fletcher School					(H)=2.1.1.	Of Law		
OM	17. FATHER'S NAME (First, Middle, La	st)	-				18. MOTHER'S NAME (First, Middle, Maiden Surname)						
BE C	Josef Edguist					Hannah Nordstrom							
	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)												
임	Mary Catherine Schweitzer   Same As #10												
	20s. METHOD OF DISPOSITION  1				CEANDDATE OF DISPOSITION (Name of prematory or other place)  Loop Service Corp. 1-11-94 Towson, Maryland								
	21. SIGNATURE OF FUNERAL SERVI		22.	NAME A	ND ADDRES	SS OF FA	CILITY		_		THE ME		
	Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204								1				
	23. PART i. Enter the disease shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Neta	caused the de on each iin	- B	not anta	r the mo		ng, auc	h aa car				Approximata interval Between Onset and Daatl
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	Anemia Performed?  1   Yes 2   No OF DEA							WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2NO					
AN	25. WAS CASE REFERRED TO MEDIC	NAT .				20 84	· or of o						
SICI	EXAMINER?	HOSPITAL:	ER/Outpetient	3 [] ODA	OTHE	R:	ACE OF D						
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? INJURY M 1 VES 2 D NO						W INJURY OCCURED					
D BY	2 Accident Investige 3 Suicide 8 Could n	28e PLACE OF	INJURY — At h	ome, tarm, s	street, tac			,	281, LOC	CATION (Street I	nd Number	or Rural Ro	uta Number

TO BE COMPLETED 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 30. NAME AND ADD Scm Se

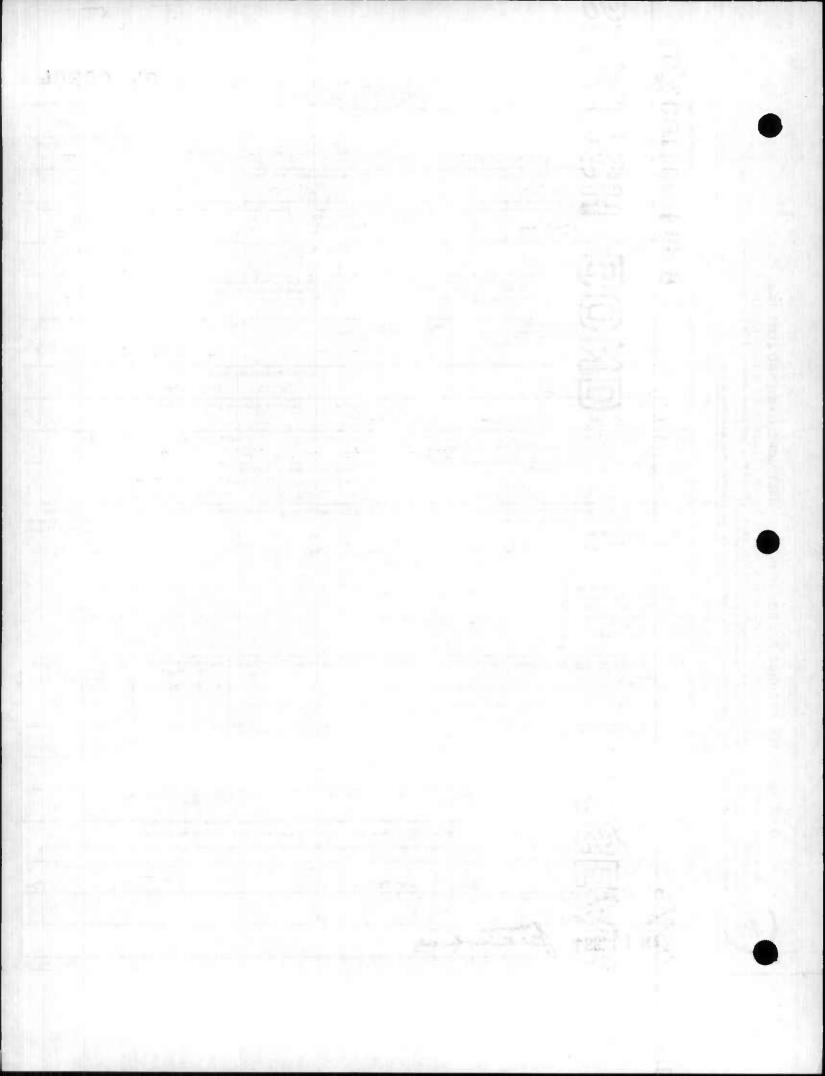
31. DATE FILED (Month, Day, Year)

JAN 10 1994

1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(a) and manner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.

DHMH-16 Rev 1/89

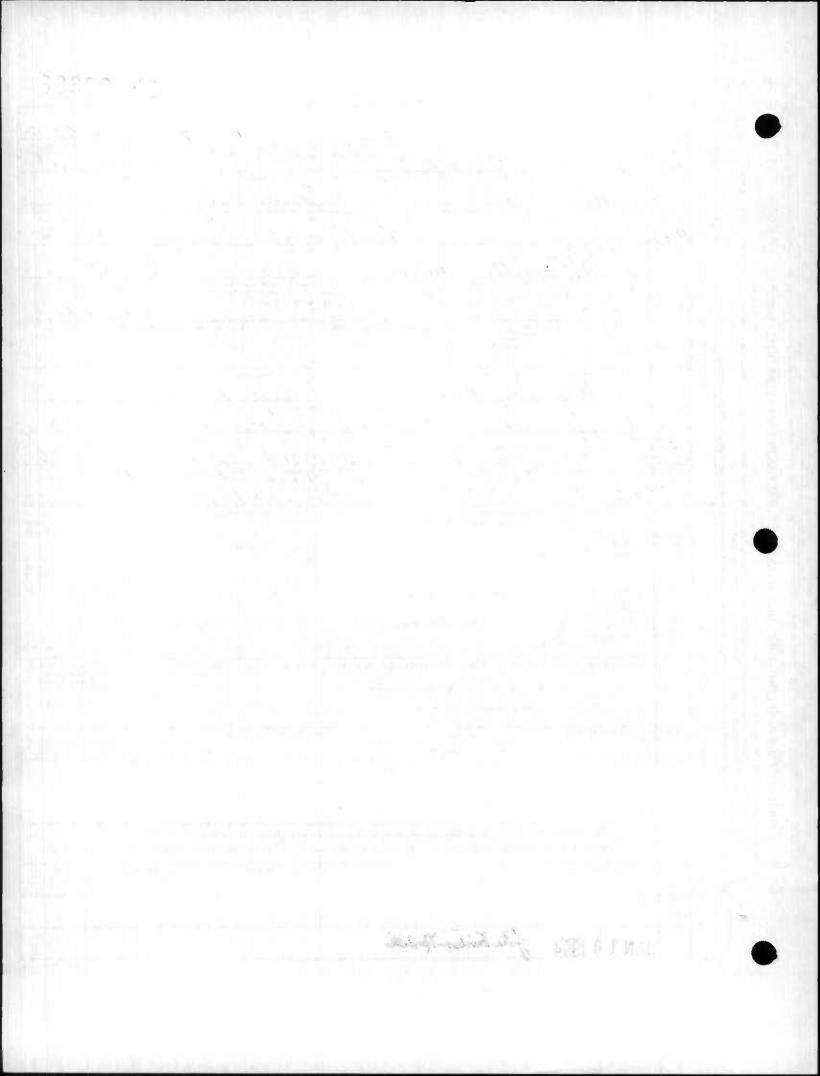


uted within 24 hours after death. Page 6 may he retained by the boso	completely filled in by the funeral director, page 5 should be detached and cremation, or removal.	c event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tipurs after death. Pane 6 may be retained by the boson	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached. The filed within 72 hours after death with the State Dest. of Health and Merital Moiene prior to burial, cremation, or nemoval.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI			MENTAL HYGIE		+ 00305		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Melton Sim	PSON				MONTH		14 10:12 AM		
		5. SEX 6. AGE (In yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	7-1-1	1XM20F 63	YRS.	UNITES DAYS	HOURS MIN.	7-29	-30	S.C.		
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH									
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
	Md			LIMITS?						
AL	10e. STREET AND NUMBER			tun Sur.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
Ä	1300 Heasant Valley Drive 21228 U.S									
FUNERAL	11, MARITAL STATUS  1 Never Married 2 Married	13. WAS DEC	ENGENT OF HISPA	NIC ORIGIN? (Specify Y	es or No— 14	. RACE — American Indian, Black, White, atc.				
B	3 Widowed 4 Divorced									
	15. DECEDENT'S EDUCATION 180 DECEDENT'S LISUAL OCCUPATION 500 MINO OF PHONESCO MACHINETICS.									
COMPLETED	(Specify only highest grade co		(Give kind of won life. Do NOT use n	k done during ma etired.)	st of working					
MP.	12th									
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meide	n Surneme)			
BE	Clarence Di	npson			Elnor	a Fran	Min			
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street e	nd Number or Rural	Route Number, City or To	wn, State, Zip Co	21278		
	TOSETTO DE DISPOSITION	nosan	1500	rie	usant 1	Jallen		ctonsu, le Mul		
	20a. METHOD OF DISPOSITION  1 Series 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of certified)  20b. PLACE AND DATE OF DISPOSITION (Name of certified)  20c. LOCATION - City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	M Klarma A	Tempson	n To	Marc	hF.H.	West	1 1	21215		
	23, PART   Enter the diseases, or co			enter the mo	4300	Wallas.	h Khu	Bath, Hd		
-	23. PART   Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, including the cause on each line.  Approximate intervel Between									
	IMMEDIATE CAUSE (Finel disease or condition Onset and Death									
	resulting in death)  a. USPING TON PROMOTICA  ONE TO (OR AS A CONSEQUENCE OF):									
Z	Castric Concor									
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If away, leading to immediate cause. Enter UNDERLYING									
SE	CAUSE (Disease or Injury C									
Ē	that initiated events resulting in death) LAST		DEGOLINGE OF J.					j		
5	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL			PERFORMED? AVAIL							
ă	dehydration						1 WES 2 NO COMPLETIC OF DEATH?			
¥								1 - YES 2 - NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER?	IOSPITAL:		THER:	ACE OF OEATH (Ch					
ž	27. MANNER OF DEATH	Inpatient 2 - ER/Outpatient 26e. DATE OF INJURY	28b. TIME O			6 Other (Specify)	IN HIRV OCCUR	250		
	1 Neture 5 Pending (Month, Day, Year) INJURY WORK?							le 0		
D BY	2 Accident  3 Suicide 8 Could not be  26e. PLACE OF INJURY — At home, ferm, street, factory, office  28f. LOCATION (Street and Number or Rural Route Number,							Rural Route Number,		
Ш	4 Homicide determined building, etc. (Specify)									
2 1	29e. CERTIFIER (Check only Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.									
COMPLET	one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end menner se stated.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER						29d. OATE SIGNED (Month, Day, Year)			
10 B	Thorna B	lis mp- Int			1-9-94					
-	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Pri		0 1 -					
	Theodora Balis		urchill	Pd.	Kel Air	md-	2/0/4	4		
- 1	JAN 1 0 100/	32 REGISTRAD'S SIGNATURE	and as							

FOR STATE REGISTRAR	STATE O	F MARY	DEPARTMENT RTIFICATE		HYGIENE REG. NO.
ECEDENT'S-NAME (First, Middle, Last)	1		 	2. DATE O	E DEATH

	1 - STATE REGISTRAR	SIAIE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO	3 4	00300		
	1. DECEDENT'S NAME (First, Middle, Last)	-1. 1.	40			2. DATE OF DEATH	MY YE			
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (I	n yrs. lest birthday)	FUAGE IF UNDER JEAR		1 7	5:53 PM			
	215-14-89004	1 M 2 PF		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give st	treet and number)	/	9b. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY	OF DEATH		
OR	Dinai Hosp. BAltimore City									
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY	JOWN OR LOCAT	TION	- 0		10d. IHSIDE CITY		
	MARYLAND		6	PAIT	more	/		1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER	- Air	1.10	101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
JNE JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	HOT LO	13 WAS DEC	2/2/1	NIC ORIGIN? (Specify Ve	U I	RACE — American Indian,		
	1 Never Married 2 Married		2 NO							
ED BY	3 Widowed 4 Divorced						/	DIACK		
ETE	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w life. Do NOT use	ork done during mo	ON ist of working	16b. KIND OF BU	ISIHESS/INDUST	RY		
P	Committee y/Secondary (U-12)	College (1-4 or 5+)								
COMPL	17. FATHER'S NAME (First, Middle, Last)	10			LA MOTHER'S N.	AME (First, Middle, Maider	Sumario)			
BE	194 INFORMANT'S NAME (Type/Print)	JI JAU	Age	1000000	MAY	4 01	shop	,		
5	Mr Funcies	SAIMER	170 1A	ADDRESS (Street	and Number or Rugal	Ave. B	vn, State, Zip Cod	anohdana		
	20e. MPTHOD OF DISPOSITION	20b.	PLACE AND DATE O	F DISPOSITION (N	me of		OCATION — City,	or Town, Stata		
	1   Suriel 2   Cremetton 3   Removal from State   Certified Property of the place   Nem   Art   12   BA16, Co, M.									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / D	A 1	Joses	AUDRESS OF	から FUN	lern !	Home		
	23. PART / Enter the discesse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest,   Approximeta									
	shock, or heert fellure.	List only one ceuse on ea	ich line.					Approximeta Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence op):  Carrier var cular accidit									
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	7:	- 4100	× 000	. ded			
NO	Sequentially list conditions									
CAT	If any, leading to immediate cause. Enter UNDERLYING									
H	CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	d									
CAL	PART II. Other algnificent conditions	s contributing to death be	It not resulting is	n the underlying	g cause given in	Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC						1 YES	2 NO	OF DEATH?		
M						-		1 YES 2 HO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C	heck only one)				
YSIC	1 VES 2 NO	MMHER?    YES 2   NO								
	27. MANHED OF DEATH  1 Hetural 5 Pending	28a. DATE OF IHJURY (Month, Day, Year)	26b. TIME	URY WO	RK?	28d. DESCRIBE HOW	INJURY OCCURE	D		
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	M 1 VES							
TED	4 Homicide determined building, etc. (Specify)									
COMPLET	29e. CERTIFIER (Check only)  CERTIFYIHG PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.									
OM	onel	R: On the beels of examination	end/or investigation	n, In my opinion, d	leath occured at the	time, date end place, e	nd due to the car	use(e) end menner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE HUM			WBER 29d. DATE SIGNEO (Month, Day, Year)				
TO E	30. HAME AHO ADDRESS OF PERSON WHO	TH (ITEM 27) (Torse	1)30641 110179							
	V 321 N. E	= (1 tous)	J+多	strake	mash	Th	Date	v. m.n		
	31. DATE FILED (Month, Day, Year)	32 AGGISTRA'S SIGN	TURE AM		7.12.7.1	XXIL	1-0011	1/ 1// 5/-		
	JAN 1 U 1994	Variable and age	- Alexander							



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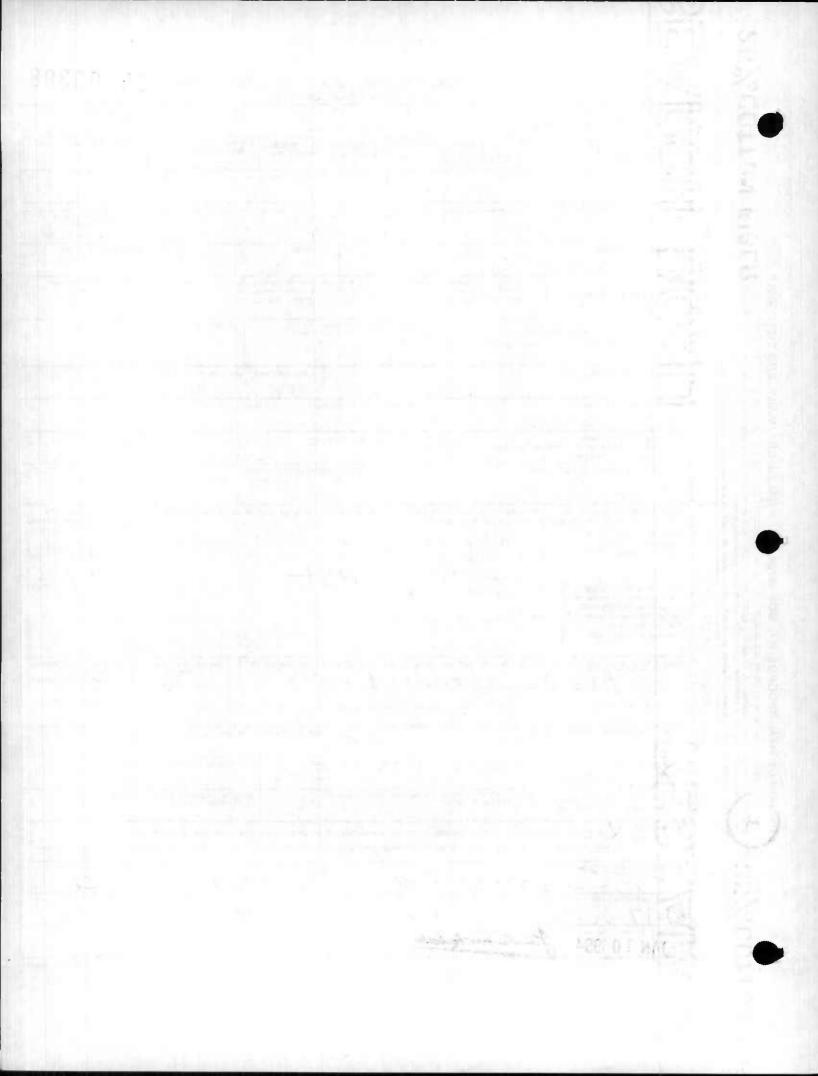
	1 - STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIEN REG. NO		T 0000
0.000	1. DECEDENT'S NAME (First, Middle LOSEPH	C. SHALLENBI	ERGER	R.		2. DATE OF DEATH MONTH	94	3. TIME OF GEATH
9	4. SOCIAL SECURITY NUMBER 216-14-4731	1 🔯 M 2 🗌 F	GE (In yrs. lest birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/8/22		BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	98. FACILITY NAME (If not institution ST. AGNES HOSP RESIDENCE OF DECEDE	PITAL			ALTIMORE		9c. COUNTY	OF DEATH
DIRECTOR	MARYLAND	BALTIMORE	10c. CIT	Y, TOWN OR LOCAT	ILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6117 MOOREFIEL 11. MARITAL STATUS	D ROAD	O IN ILC AGNET		ZIP CODE			U.S.A.
B∡	1 Never Married 2 Merrie 3 Widowed 4 Divorced		ES 2 NO	If yes, sp	ecify Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	s or No —   14	. RACE — American Indian, Black, White, atc. SpecifyWHITE
COMPLETED		T'S EDUCATION set grade completed)  Cellege (1-4 or 5+)	(Give kind of life, Do NOT us	usual occupation work done during more retired.)  R TECHNI	st of working	16ь. КІНО ОГ ВИ	SINESS/INDUS	
BE CON	17. FATHER'S NAME (First, Middle, I JOSEPH C. SHAL	LENBERGER			MARGARE	ME (First, Middle, Maiden T TAYLOR		
2	JAMES SHALLENE	BERGER (BROTHER	() 410 N	, CHAPEL	GATE LAN		RE, MAR	RYLAND 21229
	1 Suriel 2 Cremetion 3 4 Donation 5 Other (Speci	Hy)G	20b. PLACE AND DATE ARRYTSUN <sup>y</sup> T	OREST O	1/ 12/94	OWIN		LS, MARYLAND
	Lusque	es, or complications that cause		1630	EDMONDSO	N AVENUE C	ZZMOTA	FUNERAL HOMES
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b. OCCLUS  DUE TO (DR A	DIAL INFA	ANTERIC		NDING COROL	NARY AI	onset and Death 50 mins.  RTERY Hours
MEDICAL	PART II. Other significent co	nditions contributing to death	h but not resulting	n the underlying	g ceuse given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
- 1	27. MANNER OF DEATH  1 Netural 5 Pendir		TY 28b. TIM	E OF 28c, INJI		6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could determine the could determine the could determine the could determine the could determine the could be c	not be 28e. PLACE OF INJU	IRY — Al home, ferm, a specify)	treet, fectory, office		281. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLE		3 PHYSICIAN: To the best of my kn XAMINER: On the beele of examine						euse(e) and manner ee stated.
TO BE O		E. Pelczar	2 Polo	ZaUND	29c. LICENSE NUN		29d. DATE SI	GNED (Month, Day, Year)
-	Dr. Michael E. 31. DATE FILED (Month, Day, Year)  JAN 1 0 19	Pelczar St.	Agnes Host		O Caton .	Avo. Balti	more,	Md 21229

DHMH-18 Rev 1/89

La hadre to

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IN U.S. ARMED 3 2 NO DATES X  16a. DECEDENT: (Give kind or kin	96. CITY, TO WES!  13. WAS If ye 1   "S USUAL OCCU of work done durin use retired.)  LESMAN  NO ADDRESS (St GHT ST TEOF DISPOSITIO O ther piece)  122. NAM S.	DOWN OR LOCATION OF E TMINSTER  LOCATION  MILLS  101, ZIP CODE  21117  S DECENDENT OF HISP/ se, specify Cuban, Mexic  YES 2 X NO Spe	T. DATE OF BIRTH (Month, Day, Year)  7-15-1  DEATH  ANIC ORIGINT (Specify Yearn, Puerto Rican, etc.)  16b. KIND OF BUILDING (First, Middle, Maiden PLE)  AME (First, Middle, Maiden PLE)  ANIC ORIGINT (Specify Yearn, etc.)	914  9c. COUNTY  CAF  10g. CITIZEN  US  6 OF No.— 14.  SINESS/INDUST  EANING  9 Surname)  ET  21 202  CATION — City  BALTIMC  INC.	BIRTHPLACE (State or Recountry)  MD  YOF DEATH  RROLL  10d. INSIDE CIT- LIMITS?  1 VES 2   N OF WHAT COUNTRY?  SA  RACE — American India Black, Whita, atc.  Specify: WHITE  STRY  ODE  ORE , MD
ITAL  IN U.S. ARMED  2 NO DATES X  ISA. DECEDENT' (Glive kind or kine. Do NOT SA  ILVER  19b. MAILIN 5 LIC  Db. PLACE AND DATE metery, cremetory or RLINGTON-	96. CITY, TO WES!  13. WAS If ye 1   "S USUAL OCCU of work done durin use retired.)  LESMAN  NO ADDRESS (St GHT ST TEOF DISPOSITIO O ther piece)  122. NAM S.	DOWN OR LOCATION OF E TMINSTER  LOCATION  MILLS  101, ZIP CODE  21117  S DECENDENT OF HISP/ se, specify Cuban, Mexic  YES 2 X NO Spe	(Month, Dey, Year)  7—] 5—]  NNIC ORIGIN? (Specify Year)  INIC ORIGIN? (Sp	914  90. COUNTY CAE  109. CITIZEN  US  6 OF NO. 14.  SINESS/INDUST  EANING Surname)  ET  VIA.  21202  DOCATION — City  BALTIMO  INC.	BIRTHPLACE (State or Ficunity)  MD  Y OF DEATH  RROLL  10d. INSIDE CIT LIMITS?  t C YES 2   N OF WHAT COUNTRY?  SA  RACE — American Indi Black, Whita, atc.  Specify: WHITE  STRY  Ode)  Y or Town, State  ORE, MD  1 Approxim Interval B
ITAL  IN U.S. ARMED  2 NO DATES X  ISA. DECEDENT' (Glive kind or kine. Do NOT SA  ILVER  19b. MAILIN 5 LIC  Db. PLACE AND DATE metery, cremetory or RLINGTON-	96. CITY, TO WES!  13. WAS If ye 1   "S USUAL OCCU of work done durin use retired.)  LESMAN  NO ADDRESS (St GHT ST TEOF DISPOSITIO O ther piece)  122. NAM S.	OWN OR LOCATION OF ETMINSTER  LOCATION  MILLS  101, ZIP CODE  21117  S DECENDENT OF HISPPIPE, SPECIFY Cuban, Meske  YES 2 X NO Specific Meske of Specific August 19 Au	(Month, Dey, Year)  7—] 5—]  NNIC ORIGIN? (Specify Year)  INIC ORIGIN? (Sp	914 90. COUNTY CAE 109. CITIZEN US 6 OF NO. 14. SINESS/INDUST EANING SUMMED TYPE TO COLUMN ETT VIA. State, Zip Coc 21202 DOCATION — City BALTIMO INC.	Country) MD Y OF DEATH RROLL  10d. INSIDE CIT LIMITS? t
ITAL  10c. CI O IN U.S. ARMED 3 2 NO DATES X  16a. DECEDENT: Give Kind on Kind	WEST  STY, TOWN OR L  WINGS [1]  13. WAS  If ye  1 [2]  WORK done durin  LESMAN  NO ADDRESS (St. GHT ST.  EOF DISPOSITIO  OF Other piece)  122. NAM  S.  GHE ST.  CHIZUIT  CHI	TMINSTER  LOCATION  MILLS  10f. ZIP CODE  21117  S DECENDENT OF HISP- es, specify Cuben, Mexic  YES 2 [X NO Spec  UPATION Ing most of working  18. MOTHER'S N  IDA  Street and Number or Rure  SUITE 510 ON (Name of  K AMUNO 1  ME AND ADDRESS OF F  SOL LEVINS  6010 REIST	ANIC ORIGIN? (Specify Yestan, Puerto Rican, etc.)  If the KIND OF But CLI  AME (First, Middle, Melden PLE)  ROUTE Number, City or Tow RALTO MD DATE 20c. LO —6—1994  ACHITY ON & BROS,	90. COUNTY  CAF  10g. CITIZEN  UC  0 OF NO — 14.  SINESS/INDUST  EANING Sumame)  ET  VI, State, Zip Coc  21202  DOCATION — City  BALTIMO  INC.	TOP DEATH  RROLL  10d. INSIDE CIT LIMITS?  1 C YES 2 I  N OF WHAT COUNTRY?  SA  RACE — American Indi Black, White, etc.  Specify: WHITE  TRY  TRY  ORE, MD  1, Approxim Interval B
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ed the death. Do anch line.	ECHTZUR 22. NAN S	ME AND ADDRESS OF F SOL LEVINS 6010 REIST	ON & BROS,	INC.	O. MD 212
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anch line.	6	6010 REIST	EDSTOWN DD	PALTY	t, Approxim
anch line.	not enter the	a mode of dying, au	ch sa cardisc or reap	iratory arrest	t, Approxim
A CONSEQUENCE	SEP OF):	n/A			1041
BA	In the under	ertying cause given in	PERFOR	RMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2
	OTHER:	- Admir and an	No. of the second		
				IN ILIBY OCCUP	een.
	NJURY	WORK?	288. DESCRIBE NOW I	INSURT OCCUR	NEO .
IY — At home, ferm	n, street, factory,	r, office			Rural Route Number,
вспу)			City or Town, Stete)	,	
wiedgs, death occu	rred at the time.	date and place, and du	se to the cause(e) and ma	nner es stated	
4		29c, LICENSE NU	JMBER	29d, DATE SI	HONED (Month, Gay, Year)
100	,	D70	4764	1 /	4951
EATH (ITEM 27) (%)	pe, Print)	600			0
Y HI	73.	(VYS) (	0/2/11/18	2 M	4) 2115
The state of the s	tpetient 3 DOA  28b. T  Y — At home, ferm softy)  wiedge, death occurrence on end/or investiges  Au  Au  Au  Au  Au  Au  Au  Au  Au  A	Apartient 3 DOA OTHER: 4 Nursin 28b. TIME OF INJURY M  Y — At home, farm, street, factory wiedge, death occurred at the time	26. PLACE OF DEATH (CONTINUED IN THE PRINCE OF DEATH (CONTINUED IN THE PRI	26. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. LICENSE NUMBER  24. WAS AN PERFORM  PERFORM  1   YES 2    28. PLACE OF DEATH (Check only one)  1   YES 2    29. LICENSE NUMBER  29. LICENSE NUMBER	Dut not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   28b. TIME OF NORK?   28d. DESCRIBE HOW INJURY OCCUI WORK?   1 YES 2 NO   28f. LOCATION (Street end Number or City or Town, Stere)   28f. LOCATION (Street end Number or City or Town, Stere)   28f. LOCATION (In my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated on end/or investigation.



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ISPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount
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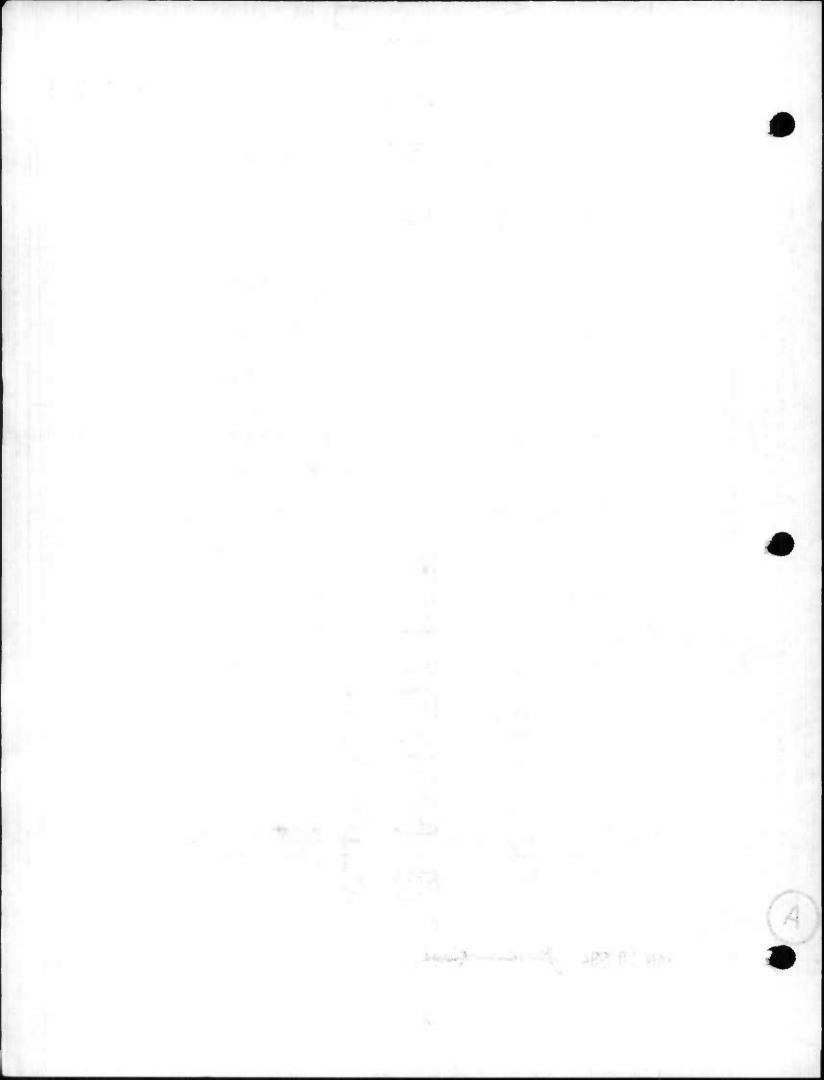
TO BE COMPLETED BY FUNERAL DIRECTOR	IMPORTANT: If them 28 is marked, of them 23 shows any injury, of other traditions event, the intent TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arrivour's after death. Page 6 may be retained by the hospital or attending physician.

REGISTRAR  . DECEDENT'S NAME (First, Middle, Last)		CERTIF	10/116		DEATH	REG. NO.			3. TIME OF DEATH	
JEROME H						1- 3	, 0	YEAR	6.20 ?	
216-01-1370	5. SEX 8. AGE	(In yrs. last birthday) YRS.	MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 4, 19	15	Country)	LACE (State or Foreign YLAND	
Pa. FACILITY NAME (If not institution, give	street and number)	9b. CITY,	TOWN OF	R LOCATION OF DI	EATH	9c. COUP	NTY OF DE	ATH		
LEVINDALE			BAI	LTIMORE						
MARYLAND 106. COUN	TY, TOWN OF BAL	R LOCATION					10d. INSIDE CITY LIMITS? TYPES 2   NO			
817 ST PAUL ST,	APT. 301			101.	21202	2	10g. CITI	USA	HAT COUNTRY?	
11. MARITAL STATUS  I X Yever Married 2 Married  3 Widowed 4 Divorced	Wever Married 2 Married FORCES? 1 YES 2 NO					NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) fy:	or No—	14. RACE Black, Specify	- American Indian, White, atc.	
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'	f work done di	CUPATION furing mos	N at of working	16b. KIND OF BU	SINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	use retired.) ENGI	INEE	R	MANUFA	CTURI	ER				
IT. FATHER'S NAME (First, Middle, Last) LOUIS	STEIN			18. MOTHER'S NA FANN	AME (First, Middle, Maiden		LDBER	G		
19a, INFORMANT'S NAME (Type/Print)	Route Number, City or Tow	m, State, Zip	Code)							
MRS MELVA S. LIS	SK	7211	l BROO	OK CE	REST WAY	APT. 2A E	BALTI	MORE,	MD 21208	
20e, METHOD OF DISPOSITION  1 Pauriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify) DATE  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  HEBREW ORTHODOX MEMORIAL SOCIETY-1-5-94 BALTIMORE, MD										
		f cemetary, cremator	ry or other pla	OX MI	EMORIAL	SOCIETY-1-	5-94	BALT	IMORE, MD	
		f cemetary, cremato IEBREW OF	RTHODO	OX MI NAME AND SOI	D ADDRESS OF FA	SON & BROS.	,INC	•		
4 Donation 5 Other (Specify)	where	IEBREW OF	RTHODO	OX MI NAME AN SOI SOIO	d address of fa L LEVINS REISTER	ACILITY SON & BROS. RSTOWN RD E	,INC	MORE,	MD 21215	
the Signature of Poneral Service in Signature of Poneral Service in Signature of Poneral Service in Signature of Poneral Service in Signature in Sig	r complicatione that cause on a	EBREW OF	Pry or other place of the place	OX MI NAME AN SOI 5010 the mod	D ADDRESS OF FA L LEVINS REISTER de of dying, auc	ACILITY SON & BROS. RSTOWN RD E the as cardiec or reep	,INC	MORE,	MD 21215 Approximete Interval Between Onset end De	
et. SIGNATURE OF POMERAL SERVICE I	r complicatione that cause on a c	ed the deeth. Do each line.  A CONSEQUENCE	Pry or other plant of the plant	DX MI NAME AN SOI 5010 the mod	D ADDRESS OF FA L LEVINS REISTER de of dying, aud SEPTI	SON & BROS. STOWN RD E ch as cardlec or reep	, INC	MORE,	MD 21215	
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Densition 5 Other (Specify)  B. SIGNATURE OF POMERAL SERVICE I  Compared to the diseases, or shock, or heart feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	e. GANGREN  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	ed the deeth. Do each line.  E FET A CONSEQUENCE A CONSEQUENCE DEPENTA	on not enter	OX MINAME AND SOIL SOIL THE MOOD IN THE MO	D ADDRESS OF FALL LEVINS REISTER de of dying, aud SEPTI	CEMIA  MELLIT	, INC BALTIN Inetory en	MORE,	MD 21215  Approximate Interval Betwo Onset and De 3 Morn?  WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
Densition 5 Other (Specify)  B. SIGNATURE OF POMERAL SERVICE I  Compared to the diseases, or shock, or heart feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	e. GAN GREN DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the deeth. Do each line.  E FET A CONSEQUENCE A CONSEQUENCE DEPENTA	on not enter	OX MINAME AND SOIL SOIL THE MOOD IN THE MO	D ADDRESS OF FALL LEVINS REISTER de of dying, aud SEPTI	CEMIA  Pert I. 24a. WAS AFPERFO	, INC BALTIN Inetory en	MORE,	MD 21215 Approximete Interval Between Onset end De 3 Morro WERE AUTOPSY FINDIA MAILABLE PRIOR TO COMPLETION OF CAUS	
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Donation 5 Other (Specify)  B. SIGNATURE OF PORERAL SERVICE I  23. PART I. Enter the diseases, or shock, or heart feiture immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in death) LAST  22. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	ed the deeth. Do each line.  EFET A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not reculting VAS CUI	or other pin Pin Pin Pin Pin Pin Pin Pin Pin Pin P	DX MINAME AND SOID THE MOOD TH	D ADDRESS OF FALL LEVINS REISTER de of dying, aud SEPTI IAGETES  Couse given in C	ACLITY  SON & BROS.  RSTOWN RD E  the as cardlec or reep  CEMIA  MELLIT  Pert I. 24a. WAS AP  PERFO  1 YES:  heck only one)  8 Other (Specify)	NAUTOPSY RMED?	Prest,	MD 21215  Approximate Interval Betwo Onset and De 3 Morn?  WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
A Donation 5 Other (Specify)  H. SIGNATURE OF POREMAL SERVICE I  22. PART I. Enter the diseases, or shock, or heart feiture immediate CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation determined  29. Accident 8 Could not be determined	DUE TO (OR AS  DUE TO (OR AS	ded the deeth. Do each line.  EFET A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  But not resulting  VA CUL  RY — At home, farm  socily)	of):  OF):	DX MINAME AND SOID the mood of	D ADDRESS OF FALL LEVINS REISTER de of dying, aud  SEPTI  ACE OF DEATH (C)  ACE OF DEATH (C)  S = Residence URKY (ES 2   NO  and place, and du	ACLITY  SON & BROS.  RSTOWN RD E  th as cardlec or reep  CEMIA  MELLIT  Pert I. 24a. WAS AI  PERFO  1 YES:  heck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	INC BALTIE Iretory en AUTOPSY RIMED?  2 NO INJURY OC and Number	Prest,  24b.	MD 21215 Approximete Interval Betwo Onset end De 3 Morri WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	

LEVINDALE
31. DATE FILED (MONTH), Day, Year)

JAN 10 1994

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TOR	216-07-99. 90. FACILITY NAME (If not in	36	5. SEX		last birthday)	IF UNDER 1 Y	EAR	IF UNDER	24 HRS. 1	7. DATE OF BIRTH	/ 1	II. BIRTHPI	ACE (State or
TOR			1 🖳 M 2 🗆 F	79			AYS	HOURS	MIN.	(Month, Day, Year)	214	Country)	
IRECTOR			96. CITY, TOWN OR LOCATION OF DEATH					1-12-1914 VIRGINIA  9c. COUNTY OF DEATH					
IREC	NORTHWEST		RANDALLSTOWN					BALTIMORE					
<u> </u>	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY					TOWN OR I	OCAT	ION					d. INSIDE CI
	MD		BALTI	MO	DF				1	LIMITS?			
A .	10e. STREET AND NUMBER					Delta de la	-	ZIP CODE			10g. CITI	ZEN OF WHA	
FUNERAL	7 SLADE A	10				21208	8.		IISA				
	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo	YES 2		If y	18, 894	ENDENT Decity Cuber	n, Mexican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No	14. RACE — Black, V Specify:	American in White, etc.		
		EDENT'S ED	UCATION to completed)		DECEDENT'S U					16b. KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (6		College (1-4 or 5		life. Do NOT use	retired.)		at Of WORKIT	9				
COMPL					PROPR	ROPRIETOR				HOME I		VEMEN.	Г
	17. FATHER'S NAME (First, M BARNEY	_		SACKS						IE (First, Middle, Maiden			
#  -	190. INFORMANT'S NAME (7				19b. MAII INO 4	DDBESS /S	ment o		ANNIE	oute Number, City or Tow		AMER	
2	MR. SIDNE		KS							r.8; Balto			28
	20a. METHOD OF DISPOSIT	ION			E AND DATE OF	DISPOSITION			LILL			City or Town	
	1 Description 2 Cremetic 4 Donation 5 Other		movel from State		INGTON		יו דער	AMIT	\TO .			MORE	
	21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE			22. NA	ME AN	O ADDRES	S OF FAC	ILITY		,	(H)
	· Chui	V/m	4.							N & BROS. RSTOWN RD			
IFICATI	Sequentially list condit if any, leading to Imme- cause. Enter UNDERLY! CAUSE (Disease or initiated that initiated events resulting in daath) LAS	diata NG Iry	C	(OR AS A CONS									
EDICAL	PART II. Other significa		ons contributing to	death but no	t resulting in	the unde	rlying	g cause g	ilven in F	Part I. 24a. WAS AN PERFD!	RMED?	CC	ERE AUTOPS MILABLE PRI OMPLETION OF DEATH?  YES 2 (
PHYSICIAN: M	25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE DF O	EATH (Che	ck only one)	-		
S	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient		OTHER:	Home	e 5 🗆 Re	sidence 8	Other (Specify)	7		
BY PHY	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b.					4   Nursing Home 5   Residence 8   Other ( ME OF   28c. INJURY AT   28d. DESCI JURY   1   YES 2   NO				28d. DESCRIBE HOW	DESCRIBE HOW INJURY OCCURED		
ETED	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  281. LOCATION (Street and Number or Rural Rose City or Town, State)								or Rural Rou	te Number,			
COMPL	onel _									to the cause(a) end ma lime, deta end placa, ar			nd manner e
BE L	29b. SIGNATURE AND TITLE	- 1	11:1	SE DF OEATH (I	TEM 27) (Туре, I	Print)		29c, LICE	43	974	29d. DAT	E SIGNEO (M	onth, Day, Ye.
	31. DATE FILEO (Month, Day,			AR'S SIGNATURE									



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0.0	certificate
7	death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
200	TENDING
2	DR A
	TAI

INSTRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.	94 0			
1	1. DECEDENT'S NAME (First, Middle, Las	d Sprit	そ			2. DATE OF	OF DEATH	51914ª	3. TIME OF DEATH 4:08A M		
i	4. SOCIAL SECURITY NUMBER 340-24-1024	18 M 2 □ F 76	(In yrs. last birthday) YRS.	IF UNDER 1 YE	A HOURS MIN.	8/6	Dey, Year)	Cou	THPLACE (State or Foreign ntry) ARYLAND		
	99. FACILITY NAME (If not institution, give SINAI HOSPITAL RESIDENCE OF DECEDENT	street and number)			VN OR LOCATION OF D PIMORE	DEATH		9c. COUNTY OF	EATH		
	MARYLAND 106. COUN	тү		Y, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	3021 FALLSTAFF 1	RD APT 206		1	10f. ZIP CODE 21209			169. CITIZEN OF USA	WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAT OR C	2 NO	If you	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 NO Speci	an, Puerto R		Bla	CE — American Indian, ick, White, etc.		
	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S (Give kind of v life. Do NOT us OPTOME!	work done during se retired.)	ATION a most of working		KIND OF BUSIN	NESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN	SP	RITZ		18. MOTHER'S N. DINA	AME (First, M	liddle, Maiden So	PEARI	LMAN		
	190. INFORMANT'S NAME (Type/Print) MRS DOROTHY SPRI				eet end Number or Rural		er, City or Town, O6 BALI		21209		
	39e, METHOD OF DISPOSITION  AD-Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		D. PLACE AND DATE Of the left, cremetory or of BALTIMORI	ther place) E HEBR	EW 1/7/94	OATE		TERSTO			
	· Colon Ma	m Lei		SOL 601	E AND ADDRESS OF FA LEVINSON D REISTERS	& BRC	RD. BA	LTO.,	MD 21215		
	23. PART I. Enter the diseases, o shock, or heart failure IMMED ATE CAUSE (Fine) disease or condition resulting in death)	a. Sep 5	Sis		mode of dying, su	ch aa card	lac or reapire	itory arreat,	Approximata Interval Between Onset and Death 2 day		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS a	A CONSEQUENCE OF	F):							
	PART II. Other significent conditions of the con	one contributing to death in the state of th	dises		ying couse given in	Part I.	24a. WAS AN AN PERFORM	ED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1000 27. MANNER OF DEATH	HOSPITAL: Inpetient 2 ER/Out  28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	OTHER: 4 Nursing	B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK?	8 🗆 Other	(Specify)	JURY OCCURED			
	Netural   5   Pending   Investigation   3   Suicide   4   Homicide   5   Could not be determined	28e PLACE OF INJURY	Y — At home, farm, a	M 1 street, factory,	d Number or Rura	umber or Aural Route Number,					
	one)	SICIAN: To the best of my know NER: On the best of examination							e(e) and manner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIF	- Hou	se Off	Ficer	29c. LICENSE NU	MBER		DATE SIGNE	ED (Month, Day, Year)		
	ALT NIAK 31. DATE FILED, (Month, Day, Year)	- Sinc	: Mosp		-Ban (7	C'mo	va				
	JAN 1 0 19		lon-Mande	2							

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Item19b 1-21-94 FilmG707 W.H. Per F/H

	1 - STATE REGISTRAR	SIAIL OF IM	C	ERTIF	ICATE O	F DEA	TH	MENTAL HYGIEN REG. NO	-	-	3   2	
	1. DECEDENT'S NAME (First, Middle, Last)									YEAR	WE OF DEATN	
	DONALD	GEORG			SCHI						0:05 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		MONTHS DAY	_	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	(State or Foreign	
		1 M 2 F	70	YRS.		-511/1		Apr. 27 1	7		1arylan	
œ	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D											
Ō.	3008 E.NORTHERN PARKWAY BALTIMORE CITY RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										INSIDE CITY	
5	Maryland Baltimore City									LIMITS?		
AL	10e. STREET AND NUMBER					101. ZIP COD		044	10g. CITIZI	EN OF WHAT	OUNTRY?	
FUNERAL	3008	E. North	ern Par	kway			21	214	Un	ited S	tates	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF					IIC ORIGIN? (Specify Yen, Puerto Ricer, etc.)	or No-	14. RACE — An Black, Whit		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			ES 2 X NO				Specify:	White	
ED	15. DECEDENT'S EDU	WW I		CEDENTIO	USUAL OCCUPA	TION		I am pain as an	1		WIII CE	
ETE	(Specify only highest grade Elementery/Secondary (0-12)	completed)	(G	ive kind of Do NOT u	work done during	most of worki	ng	16b. KIND OF BU	SINESS/INDU	STRY		
PLI	12	College (1-4 or 5+	Lt.	Bal	t. City	Fire	Dept	Balt. (	City G	ov't.		
COMPL	17. FATHER'S NAME (First, Middle, Last)					-,		ME (First, Middle, Meiden	Surname)	· -		
BE C		George F.	Schisl	er			Co	orinne C.	Harris	son		
	19e. INFORMANT'S NAME (Type/Print)						r or Rural F	loute Number, City or Tow	n, State, Zip (	Code) 21	234	
5	Alan H. Stocksda	le						timore, M			214	
	20e, METHOD OF DISPOSITION  1 M Buriel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)											
	4 Doneston 5 Other (Specify) Druid Ridge Cemetery 1/7/94 Baltimore										aryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21											
	Multon	Karia	WL		Leon	ard 3	l. Ri	ick, Inc.			d Road	
	23. PART i. Enter the diseasea, Dr shock, Dr heart failure.	complications that List only one cause	caused the de se on each ilne	ath. Do e						st,	Approximate Interval Betw	
	iMMEDIATE CAUSE (Final disease or condition	-									Onset and D	
	resulting in death)		OSCLET			iovas	cul	ar Disea	se			
-	_	502 10 (	OR AS A CORSE	OUENCE O	rj:							
-		b.										
9	Sequentially flat conditions,		OR AS A CONSE	OUENCE O	F):	_						
CATIO	if any, leading to immediate cause. Enter UNDERLYING		OR AS A CONSE	OUENCE O	F):	-						
IFICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSE									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (										
L CERTIFICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (  DUE TO (	OR AS A CONSE	OUENCE O	F):	Ing Cause	given in	Part I 24e WAS AN	AITOPSY	24h WERE	ALITOPSY FINDING	
L CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition	c. DUE TO (	OR AS A CONSE	OUENCE O	F):	ing cause	given in	PERFO	RMED?	AVAIL	ABLE PRIOR TO	
L CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c. DUE TO (	OR AS A CONSE	OUENCE O	F):	ing cause	given in		RMED?	AVAIL. COMP OF DE	ABLE PRIOR TO LETION OF CAUSATH?	
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition	c. DUE TO (	OR AS A CONSE	OUENCE O	F):	Ing cause	given in	PERFO	RMED?	AVAIL. COMP OF DE	ABLE PRIOR TO	
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition	c. DUE TO (	OR AS A CONSE	OUENCE O	in the underly			PERFOI	RMED?	AVAIL. COMP OF DE	ABLE PRIOR TO LETION OF CAUSATH?	
SICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition  Diabetes	DUE TO (  DUE TO (  d	OR AS A CONSE	OUENCE O	in the underly  26.  OTHER:	PLACE OF 0	EATH (Ch	PERFOI  1 YES 2	RMED?	AVAIL. COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH?	
SICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificant condition  Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO ( c. DUE TO ( d	OR AS A CONSE	ouence o	in the underly  26.  OTHER: 4   Nursing H	PLACE OF 0	EATH (Ch	PERFOI	RMED?	AVAIL COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH?	
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificant condition  Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Westural 5 Pending	DUE TO ( c. DUE TO ( d	OR AS A CONSE	ouence o	26. OTHER: 4   Nursing H	PLACE OF 0	PEATH (Chr	PERFOI  1   YES 2  Dick only one)  6   Other (Specify)	RMED?	AVAIL COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH?	
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificant condition  Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH    Natural   5 Pending Investigation   1 Pending I	DUE TO ( c. DUE TO ( d	DR AS A CONSE	OUENCE O	26. OTHER: UNITS OF 28c. JURY M 1 [	PLACE OF 0 ome 5 X Re NJURY AT WORK?  YES 2	PEATH (Chr	PERFOI  1 YES 2  Dick only one)  6 Other (Specify)  28d. DESCRIBE HOW 1  281. LOCATION (Street	NJURY OCCU	AVAIL COMP OF DE 1 □	ABLE PRIOR TO LETION OF CAUS ATH? YES NO	
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition  Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO ( c. DUE TO ( d	DR AS A CONSE	OUENCE O	26. OTHER: UNITS OF 28c. JURY M 1 [	PLACE OF 0 ome 5 X Re NJURY AT WORK?  YES 2	PEATH (Chr	PERFOI  1 VES 2  bick only one)  6 Other (Specify)  28d. DESCRIBE HOW	NJURY OCCU	AVAIL COMP OF DE 1 □	ABLE PRIOR TO LETION OF CAU- LATH? YES NO	
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 2  Accident   Investigation   Pending Investigation   Pen	DUE TO ( c. DUE TO ( d	DR AS A CONSE	ouence o	26. OTHER: 4   Nursing H E OF 28c. JURY M 1   atreat, tectory, of	PLACE OF 0  Dome 5 K Re NJURY AT WORK? YES 2  fics	DEATH (Chr. Desidencs	PERFOI  1 YES 2  1 YES 2  1 YES 2  1 Other (Specify)  28d. DESCRIBE HOW I  28t. LOCATION (Street City or Town, State)	NJURY OCCU	AWAIL COMP OF DE 1 1	ABLE PRIOR TO LETION OF CAUSATH? YES NO	
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 2  Accident   1  Certifying PNYS (Check only)	DUE TO ( c. DUE TO ( d	death but not it  ER/Outpatient 3  INJURY  V, Ver)  INJURY — At hote. (Specify)  Try knowledge, de	ouence o	26. OTHER: 4 Nursing HEOF 28c. JURY M 1 metreat, factory, of	PLACE OF 0  ome 5 \( \times \) Rin  NJURY AT  NORK?  YES 2 [  fics  ate end place	NO NO	PERFOI  1 VES 2  1 VES 2  Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  to the cause(s) and me	NJURY OCCU	AWAIL COMP OF DE 1   UNITED  WE Rural Route N	LETION OF CAUS	
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident 3 Suicide 8 Could not be determined to company to company the could not be determined to co	DUE TO ( c. DUE TO ( d	death but not it  ER/Outpatient 3  INJURY  V, Ver)  INJURY — At hote. (Specify)  Try knowledge, de	ouence o	26. OTHER: 4 Nursing HEOF 28c. JURY M 1 metreat, factory, of	PLACE OF 0  Dome 5 X Ri NJURY AT  WORK?  YES 2 [  files  site end place , death occu	DEATH (Chromosidence) NO No one and due red at the	PERFOI  1 YES 2  1 YES 2  1 YES 2  2 Note only one)  2 Note (Specify)  2 Note only one)  2 Note only one)  2 Note only one)  2 Note only one)  2 Note only one)  2 Note only one)  2 Note only one)  2 Note only one)  2 Note only one)  2 Note only one)	NJURY OCCU	AWAIL COMP OF DE DE DE DE DE DE DE DE DE DE DE DE DE	ABLE PRIOR TO LETION OF CAUS ATH?  YES NO  No  No  No  No  No  No  No  No  No	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition  Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  22 MEDICAL EXAMINE	DUE TO ( c. DUE TO ( d	DR AS A CONSE	ouence o	26. OTHER: 4 Nursing HEOF 28c. JURY M 1 metreat, factory, of	PLACE OF 0  PLACE OF 0  NJURY AT WORK?  YES 2  Ities  the end place , death occu	PEATH (Chr. psidencs NO No No No No No No No No No No No No No	PERFOI  1 VES 2  1 VES 2  1 VES 2  1 VES 2  2 VE	NJURY OCCL and Number of the did due to the	AWAIL COMP OF DE 1   UNITED  WE Rural Route N	ABLE PRIOR TO LETION OF CAUSATH?  YES NO  No  No  No  No  No  No  No  No  No	
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant condition  Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  22 MEDICAL EXAMINE	DUE TO ( c. DUE TO ( d	ER/Outpatient 3 INJURY — At hote, (Specify)  Try knowledge, de amination end/or	DOA 28b, TIME IN.	26.  OTHER: 4   Nursing H  EE OF 28c. JURY M 1   streat, tectory, of	PLACE OF 0  PLACE OF 0  NJURY AT WORK?  YES 2  Ities  the end place , death occu	DEATH (Chromosidence) NO No one and due red at the	PERFOI  1 VES 2  1 VES 2  1 VES 2  1 VES 2  2 VE	NJURY OCCL and Number of the did due to the	AWAIL COMP OF DE  1   URED  A. Couse(s) end i	ABLE PRIOR TO LETION OF CAU ATH?  YES NO  No  umber,	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

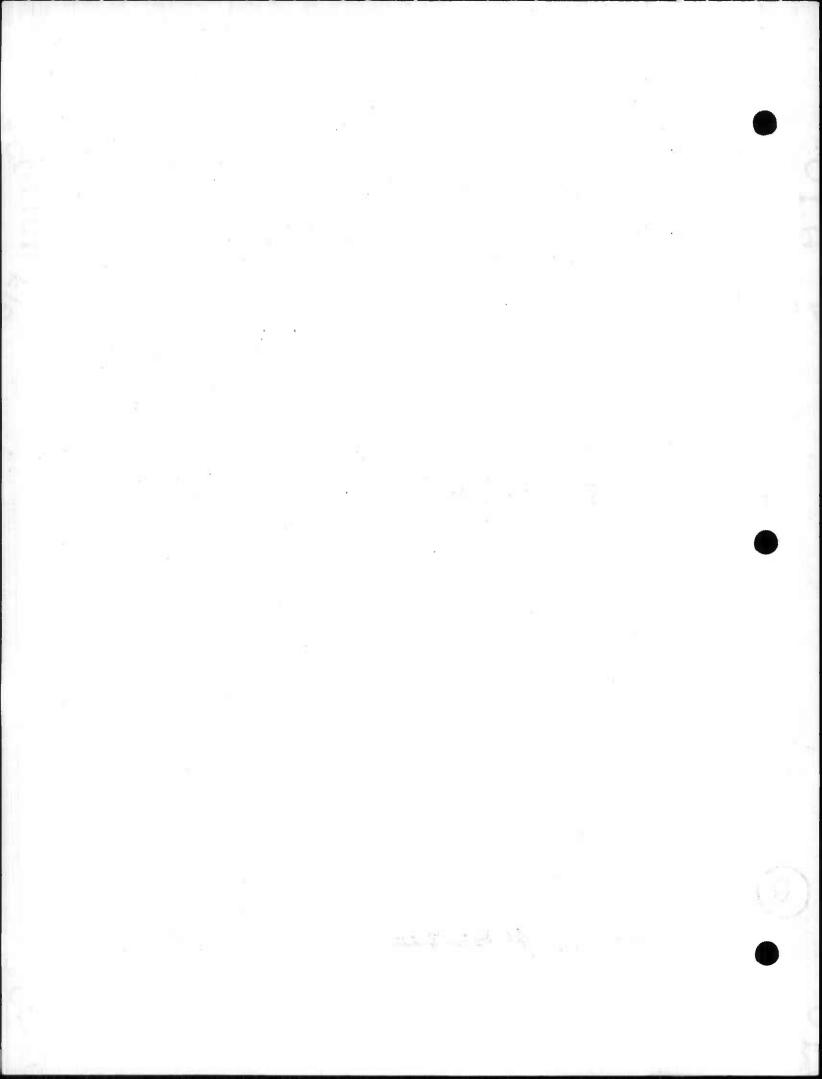
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31. DATE FILED (Month, Day, Year)

JAN 1 0 1994

DHMH-16 Rev 1/89



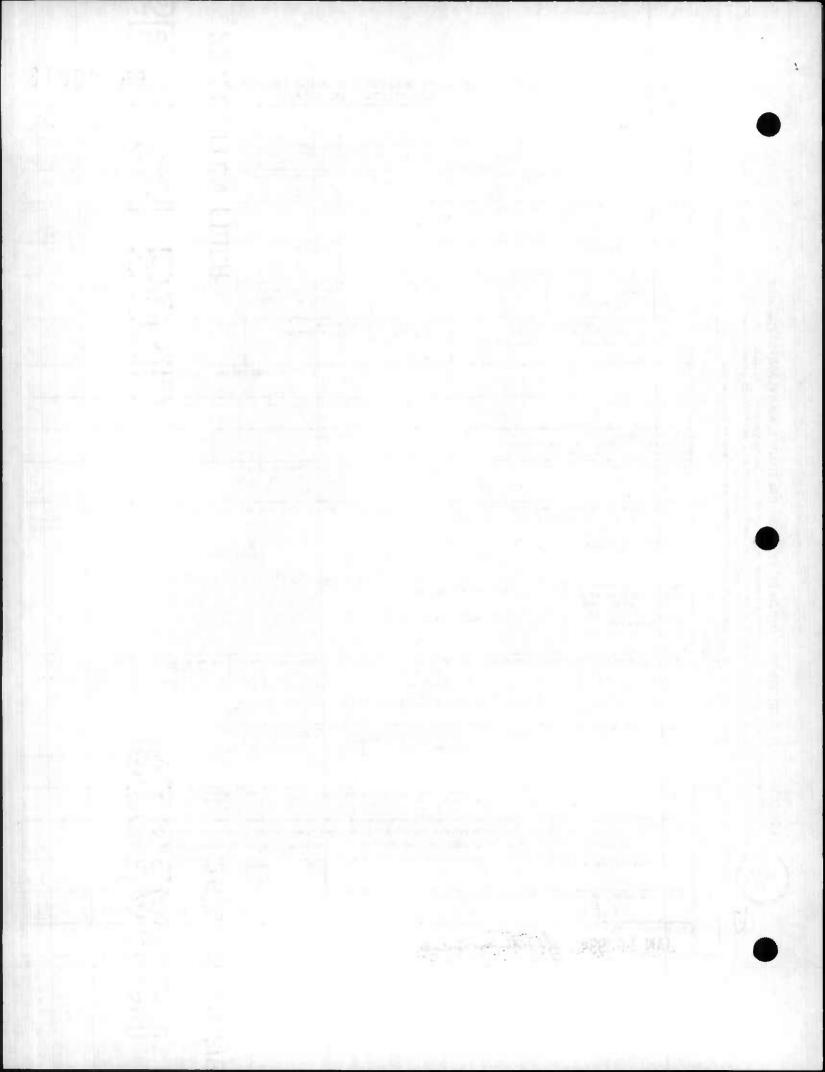
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second of the second second
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DOTE HESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.

THE SAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF		MENTAL HYGIEN REG. NO		94 00313				
	1. DECEDENT'S NAME (First, Middle, Last)  CHARLES  4. SOCIAL SECURITY NUMBER	BENNET 5. SEX 6. AGE (In	1	SAND		2. DATE OF DEATH DO THE DEATH OF THE DEATH O	YEAR 3. TIME OF DEATH 9 4 11 4.0 A M					
	216-10-0276  9a. FACILITY NAME (If not institution, give s	1 🖾 M 2 🗆 F		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) October 9	6. BirTHPLACE (State or Foreign Country) 09 Maryland					
TOR	Northwest Hospit				11stown	EATH	9c. COUNTY OF DEATH Baltimore					
DIRECTOR	Maryland Ba	r ltimore		ikesvil			10d. INSIDE CITY LIMITS?  1 YES 22CXNO					
FUNERAL	10e. STREET AND NUMBER 10 1/2 Old Court				11. ZIP CODE 21.208		U.S.A.					
BY	11. MARITAL STATUS  1 XX ever Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDU (Specify only higheat grade Elamentary/Secondary (0-12)	ICATION	life. Do NOT use	ork done during m retired.)		16b. KIND OF BU						
MP	8th Grade 17. FATHER'S NAME (First, Middle, Last)		Carpen	ter		Local		1				
					The state of the s	ME (First, Middle, Maiden O'Conner	Surname)					
BE	Jacob Sanders  19a, INFORMANT'S NAME (Type/Print)		195 MAILING	DDDESS (Street		Route Number, City or Tow	Pa-a- W	n O-41				
5	Mr. William J. S	, MD 21208										
1	4 Donation 5 Other (Specify)	1 M Buriet 2 Ceremation 3 Removal from Stata ceremitery, crematory or other piece)										
Ī	21. SIGNATURE OF FUNERAL SERVICE LIN	The Jon	K	Lorin	g Byers	Funeral Di		ors, INC. n, MD 21133-4784				
	23. PART I. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Final disesse or condition	List only one cause on as	ch line.	ot antar the mo	FAILU	ch se cerdiac or reap	Iratory sr	Teat, Approximate interval Between Onset and Death				
	resulting in death)	4 DAYS.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
CERT	resulting in death) LAST	d										
PHYSICIAN: MEDICAL	PROSTATE ATRIM R	CA; LUI		; CA	D; CH		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1/Dinpatient 2 - ER/Outpat		OTHER:	LACE OF DEATH (C)							
Ä	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME	OF 28c. IN	JURY AT	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW I	NJURY OC	CURED				
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get be	(Month, Day, Year)  28e. PLACE OF INJURY -	At home form at	M 1 🗆	YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED						
ETED.	4 Homictde detarmined	building, etc. (Specifi	y)			City or Town, State)		or Rural Route Number,				
COMPLET	2001	ICIAN: To the best of my knowle ER: On the basis of examination						rted. he cause(e) end menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	lu			29c. LICENSE NU	MBER 7 3 3 3 3	29d. DAT	TE SIGNED (Month, Day, Year)  TAN 5. 1994				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT			0000	n n	11-	2 40- 429				

JAN 10 1994



IQ,THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mile within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

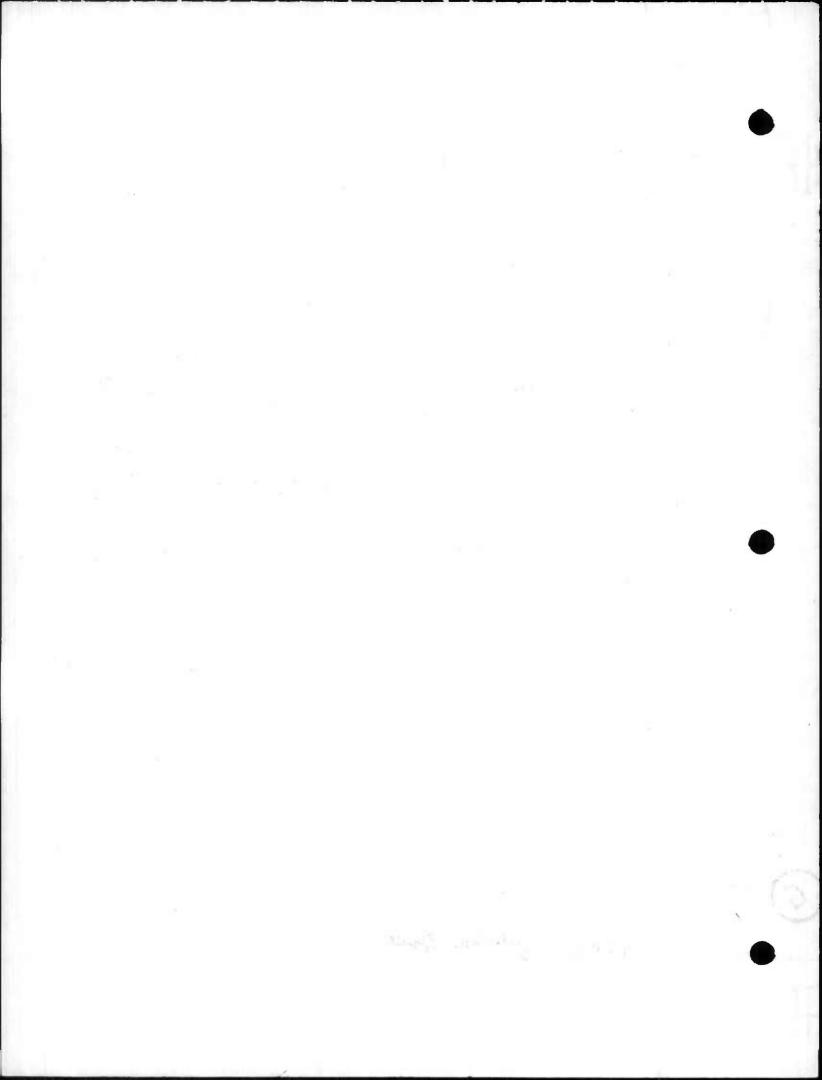
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  Della Gladys Smith  2. Date of Death Month Day Year  0.2. Date of Death Month On 1 05 1004 0.20 7 M														
		Smit	h							9:30 A. M					
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D			8. BIRTHP Country	LACE (State or Foreign	
	214 24 094		1 □ M 2 🙀 F	70	YRS.	WOWTHS	DATS	HOURS	Mere.		3/192	23	West Virginia		
~	96. FACILITY NAME (If not institution, give street end number) 96. COUNTY OF DEATH Union Hospital 96. COUNTY OF DEATH Elkton Cecil County														
ğ	RESIDENCE OF DEC		Elkton Cecil Cou						ounty						
EC	10e. STATE		10c. CIT	Y, TOWN O	R LOCA	TION			-			10d. INSIDE CITY			
<b>a</b>	Maryland	Har	ford Cou	nty	Jo	ppa						1 YES 2 K			
AL	10a. STREET AND NUMBER				-		10	ZIP COD	E	10g. CITIZEN OF WHAT			HAT COUNTRY?		
E	301 Trimb	le Roa	d Apt.	4 C				210	)85	U.S.A.					
FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2	Marriad	12. WAS DECEDEN FORCES7 1	T EVER IN U.S. AF						PANIC ORIGIN? (Specify Yee or No- 14. RA				- American Indian, White, etc.	
BY	3 ₩ Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES		1	YES	2 NO	Specify	<i>r</i>		- 1	Specify	White	
0	15. DEC	EDENT'S EDUC	CATION	16a. DE	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KII	ND OF BUS	INESS/INC	DUSTRY	willce	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	life.	ive kind of a Do NOT us	work done ( se retired.)	during mo	ist of worki	ng						
M M	9th Grade			Н	ousew	ife				H	ome M	íaker.	•		
	17. FATHER'S NAME (First, M		illiam	Adkins				18. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Sumeme)			
BE	19e. INFORMANT'S NAME (1		TTTTall							_					
2	Linda Joh				15 F					Route Number,		,	,	d 21040	
	200. METHOD OF DISPOSIT	ION							- Coura	DATE			City or Tow		
						D DATE OF DISPOSITION (Name of tion, or other place) Hill Cemetery				1/7 Baltimore, Marylan					
	21. SIGNATURE OF FUNERA			/		22.	22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.								
	POR LESSED - MARAGLIANICATION														
	23. PART I. Enter the d	seasea, or c	omplicatione tha	t caused the de	eath. Do s	not entar	tha mo	de of dy	ing, suci	h as cardied	or reapl	ratory an	rest,	Approximata	
	iMMEDIATE CAUSE (Fir		List only one cau	ise on each line	<b>.</b>									Interval Between Onset and Death	
	diaeese or condition resulting in death)  e. Severe COPD  DUE TO (OR AS A CONSEQUENCE OF):														
	DUE TO (OR AS A CONSEQUENCE OF):														
ON	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):														
AT	cause. Enter UNDERLYING														
IFI	CAUSE (Disease or injury the initiated events DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	resulting in death) LAST														
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
MEDICAL	and the underlying to death but not resulting in the underlying											MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
AED										_   '	120 1			OF DEATH? 1 YES 2 NO	
- 1										_					
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF E	EATH (Ch	eck only one)					
YSI	1 YES 2 NO		1 Inpatient 2			4 🗆 Nun	sing Hor		eeldenca	8 Other (S					
	27. MANNER OF DEATH  1 Natural 5	Pending	28a. DATE OF (Month, E		28b. TIM	IE OF JURY	WC	URY AT	7 440	28d. DEŞCR	IBE HOW II	NJURY OC	CURED		
ВУ	a 🗆 a	Investigation	28s. PLACE C	F INJURY — At he	ome, ferm.			YES 2	NO	281. LOCATIO	ON (Street a	and Number	r or Burel Br	uita Mumbar	
邑		Could not be determined	building,	etc. (Specify)	,,						own, State)	110/1100	O TIDIOT TO	nato Harribot,	
LET	29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	neth occurr	ad at the ti	lma dete	and place	and due	to the course	e) and man		tod =		
COMPL														end manner as stated.	
E C	29b. SIGNATURE AND TITLE								ENSE NUN					Month, Day, Year)	
0	OT.	8	Y						323	-			- 5.		
5	30. NAME AND ADDRESS OF								_						
			can, Jr.		_	lauld	lin .	Aveni	ue	Nort	heas	t, Ma	aryla	nd 21901	
	31. DATE FILED (Month, Day,		32 REGISTE	H'S SIGNATURE	rde PL										
1.0	JAN 1 0														





FOR STATE REGISTRA	
1. DECEDENT'S P	
4. SOCIAL SECU 216-2 9a. FACILITY NAI	
ST, ACRESIDENCE	
Marylar	
10e. STREET AND 3913	) N
11. MARITAL STA	ed

## 94 00315 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

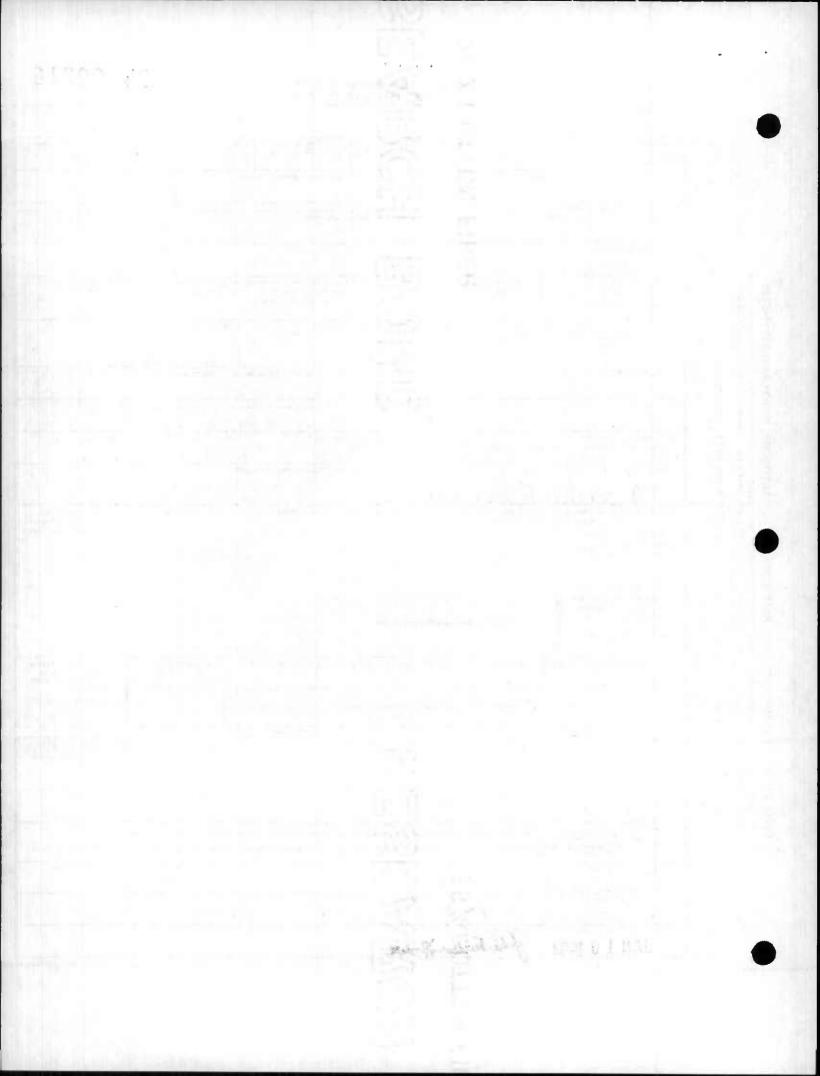
		1. DECEDENT'S NAME (First,	Middle, Last)	huck							2. DATE OF DEAT		YEAR 3	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	222	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Mgnth, Day, Year) Co		Country)	LACE (State or Foreign
should		98. FACILITY NAME (If not ins	titution, give,s	street and number)	83	THO.	9b. CITY	TOWN	OR LOCATI	ON OF DE	9-13	-/3-/O Ohio		
.3	TOR	ST. AGNE.	1	SPITA	10		BALTIMORE					=======		
ges 1	DIRECTOR	10e. STATE	10b. COUNT	Υ		10c. CIT	CITY, TOWN OR LOCATION 10d. INSIDE						0d. INSIDE CITY LIMITS?	
jë. Pa		Maryland	Ba1	timore C	county	Ba	altim	ore				1 TYES		
it per	RAL	100. STREET AND NUMBER 3913 Myrt1	le Ave	niia				10	212				S.A.	AT COUNTRY?
physician. burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS			IT EVER IN U.S. AF	MED	13.	MAS DEC			IC ORIGIN? (Specif			- American Indian.
B B	B⊀	1 Never Married 2 I I 3 Widowed 4 Divor			YES 2 X			f yes, sp	ecity Cubi	n, Mexicar	n, Puerto Rican, etc	έ)		White, etc.
	TED	15. DECE (Specify only	DENT'S EDU highest grade	CATION completed)	16a, DE	ECEDENT'S USUAL OCCUPATION  3ive kind of work done during most of working  a. Do NOT use retired.)						BUSINESS/IND	USTRY	
2 E C	BE COMPLET	Elementary/Secondary (0- 6th Grade	12)	College (1-4 or 5	+)	Dusev					Home	e Maker		
be del		17. FATNER'S NAME (First, Mic		Stephen	Chorny	21			18. MOTI	Ju1	ME (First, Middle, Mid	ick		
be retained to 5 should e notified	TO B	196. INFORMANT'S NAME (Type-Print)  Theresa Collison  190. Malling address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3913 Myrtle Avenue Baltimore, Maryland 21227												
age 6 may be director, page		20e. METNOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of comparing property)  20b. PLACE AND DATE OF DISPOSITION (Name of comparing property)  20c. LOCATION — City or Town, State  1/8 Baltimore, Marylan												
death. Pag tuneral dir i. examiner		21. SIGNATURE OF FUNERAL	SERVICE LIC	1			22. Ge	NAME A	ND ADDRE	ss of fac	e Funer	al Home	P.A	
		Nicko	red	- EN	Dave	~					Hwy. Ba			
e be executed within 23 hoursisten and completely filled in infor to bunal, cremation, or traumatic event, the me	CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Due to lon as a consequence of:  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or industry)  CAUSE (Disease or condition)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or condition)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or condition)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or condition)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or condition)											Interval Between Onset and Death 7 Day Mark	
th certifica ending ph i Hygiene or other	ERTIFIC	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										1		
the death y the atte	0	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i									S AN AUTOPSY		VERE AUTOPSY FINDINGS	
uires that the signed by Health and Iws any Ir	EDICAL	None									RES 2 NO	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
law required as been sidept, of Hi	2	-											1	YES 2 NO
SICIAN: The law requestricate has been the State Dept. of the 1, or item 23 sho	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					LACE OF D	EATH (Che	ck only one)			
CIAN: ertifica the Sta	IXSI	1 TES -2 T NO		Inpatient 2		_		ing Non		esidence	6 Other (Specify			
The state of	ву рну	27. MANNER OF DEATH  Natural 5 P  2 Accident	Pending Investigation	26e. DATE Of (Month, L	Day; Year)		JURY	1 🔲	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE N	OW INJURY OCC	URED	
TTENDI TOR: A after d	LETED		Could not be letermined	26e. PLACE C building.	OF INJURY — At he etc. (Specify)	me, farm,	street, fact	ory, offic	10		261. LOCATION (S City or Town,	treet end Number Stete)	or Rural Rou	ute Number,
HOSPITAL OR A' FUNERAL DIREC WITHIN 72 HOURS OHTANT: If item	COMPLI	anal and		ICIAN: To the best of										and manner as stated.
7	0 48E	296. SIGNATURE AND TITLE	Ju	lun					29c, LIC	35 9	9 O	29d. DATE	SIGNED (A	Month, Day, Year)
		30. NAME AND ADDRESS OF	PERSON WH	Viver	SE OF DEATH (ITE	M 27) (Type			(A)	NA	ve A	eltino.	de Wel	ing
2		31. DATE FILED (Month Day Y	T 0 13	32. REGIST	S SIGNITURE	170,	ALL.				7		,	

ma, if we will have a second of the

BALLIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH
	John	Leona	rd SCH	HREIBER	20	1				1-4-9			8:20 P M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le			IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH (Month, Day, Year	)	Country	PLACE (State or Foreign
	218-46-0193		1 X M 2 - F	88	YRS.	WONTING D	W.T.S	HOURS	mere.	4/13/05	5	Baltimore	
~	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Baltimore												
2	Franklin Square Hospital Baltimore										е		
DIRECTOR	10e. STATE	10b. COUNT		-71	10c. CI1	TY, TOWN OR	LOCAT	ION					10d. INSIDE CITY
급	Maryland	Bal	timore										LIMITS?
AL	10e. STREET AND NUMBER						101.	ZIP CODE		10g. CITIZEN OF			HAT COUNTRY?
EH	31 Henry /	Ave.		104				2123	36			USA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2   3 Widowed 4 Dive		FORCES?	AS DECEDENT EVER IN U.S. ARMED DRCES? 1 YES 2 YNO YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGII If yes, specify Cuban, Mexican, Puerto 1 YES 2 NO Specify:			Yes or No—	14. RACE Black, Specify	- American Indian, White, atc.
ED	15. DEC	CEDENT'S EOU	JCATION	16a. O	ECEDENT'S	USUAL OCCU	JPATIO	N		16b. KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (I	1	College (1-4 or 5	- 46	e. Do NOT u	work done dun ise retired.)	ng mos	st or wonan	,				
MPI				Fi	rema	n					imore		
8	17. FATHER'S NAME (First, N									ME (First, Middle, Mei	den Surneme)		
R	John Schre									Emery			
2	190. INFORMANT'S NAME (			.11						Route Number, City or			
				200 81 4 05			_		alt.	imore, Mo			- 044
	20b. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery cremetory or other piece) Parkwood Cemetery  1/7/94 Baltimore,												
	21. SIGNATURE OF FUNERA		CENSEE	_   Turk	wood			D ADDRES			DATUTIII	ore,	iliu .
	Sarran Funeral domo Lassahn Funeral Home 7401 Belair Rd. Baltimore Md. 212												
	23. PART I. Enter the d	ZRM			710								21236
CERTIFICATION	a. Hypotension and bradycardia  Bue TO (OR AS A CONSEQUENCE OF):  Acute Myocardial infarction  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algoritics Atrial Fil	reaulting	ing in the underlying cause given in Part				PER	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Ä													
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:		11.0-	OTHER:				eck only one)			
ΙΥS	1 YES 2 NO		1 Compatient 2 28e. DATE Of		3 DOA	_	_	JRY AT	sidence	6 Other (Specify) 26d. DESCRIBE HO	W IN H III O	COLUMEN	
BY PH	1 Netural 5   2   Accident	Pending Investigation	(Month, I	Day, Year)	IN	JURY	WOI	RK? 'ES 2	NO				
ETED	3 Suicide 6 4 Homicide	Could not be determined	building	OF INJURY — At h , etc. (Specify)	ome, tarm,	street, factory	, office			281, LOCATION (Str. City or Town, St	eet end Numb ale)	er or Rural Ro	oute Number,
COMPLET	cont only		ER: On the basis of e										and manner as stated.
TO BE C		Varak	acl	MD.	die.			29c. LICE	nse nui I/a	MBER	29d. DA	1-4-	(Month, Day, Year)
-	Dr. Baclor						r.	Balt	imo	re, Mary	Land 2	1237	
	31. DATE FILED (Month, Day, JAN 1 0		32 REGISTR	AR'S SIGNATURE	ndere.								



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DIVISION OF VITAL RECORDS, F.O. BOX 68/60,	IT THE ISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the	TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the m
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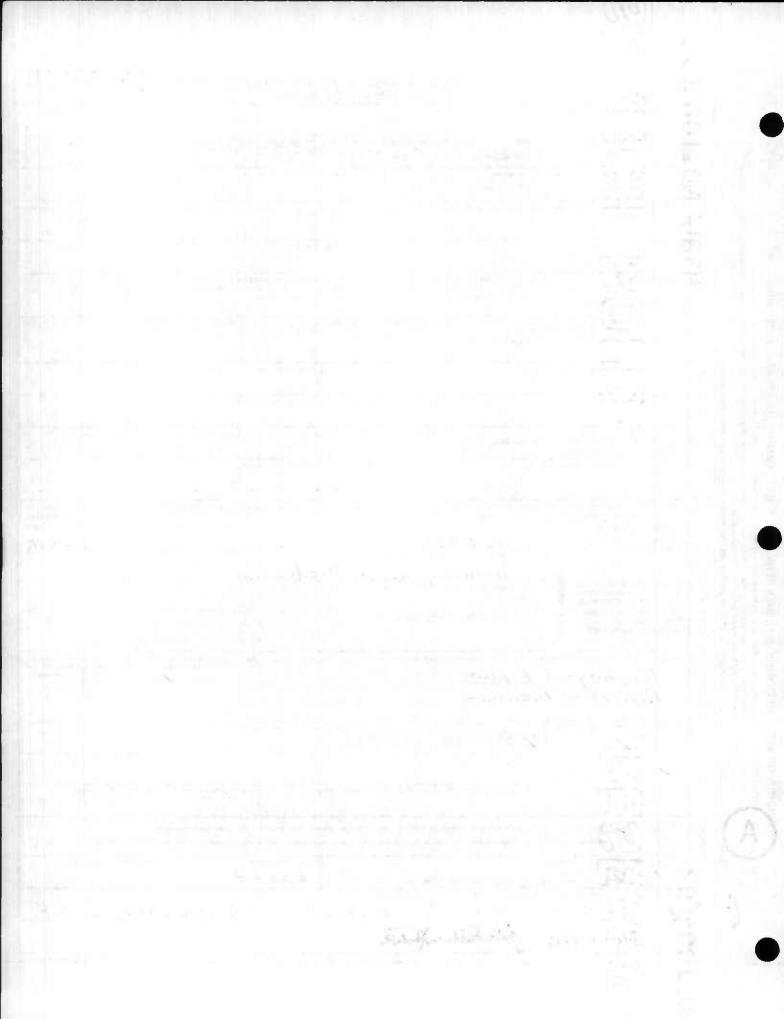
	ath with the State Dept. of Health and Mental Miglene prior to burial, cremation, or removal.	
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IG PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked or flam 93 above any injury or other transmission areast the median eventual removed he modified at a second
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Francis Scott RESIDENCE OF DECEDENT 106. STATE 106. COUN	s. SEX 1 M 2 X F  street and number)  Key Med.	8. AGE (In yrs 80	S, lest birthday) YRS.				2. DATE OF DEATH	DAY	YEAR	S. TIME OF DEATH		
245-03-7198  90. FACILITY NAME (If not institution, give Francis Scott RESIDENCE OF DECEDENT 100. STATE 100. COUN	1 □ M 2 🔀 F street and number) Key Med.	80				_			941	4:15 \$		
Francis Scott RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	Key Med.	Ctr			8 HOURS	1,010.0	7. DATE OF BIRTH (Month, Day, Yea 10-16-	r)	Country)	LACE (State or Foreign		
RESIDENCE OF DECEDENT  10e. STATE  10b. COUN		Ctr		9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF								
10a. STATE 10b. COUN		Francis Scott Key Med. Ctr. Baltimore										
nd. Da								IOd. INSIDE CITY				
Md. Baltimore Eastpoint-Nt. Pt.  100. STREET AND NUMBER 109. CITIZEN C								I son cor		YES XX NO		
7415 Belmont A	Venue				212					AI COOKINIT		
11. MARITAL STATUS	12. WAS DECEDEN						C ORIGIN? (Specify		S . A .  14. RACE — American Indien, Black, White, etc.			
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2. AR OR DATES	XXO	If yes,	specify Cube YES 2 NO	n, Mexican,	Puarto Rican, etc.	)	Specify: Whit			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed)		Give kind of life. Do NOT u	S USUAL OCCUP. work done during ise retired.)	ATION most of working	g	16b. KIND OF	BUSINESS/IN	DUSTRY			
12 yrs	College (1-4 or 5 +		Homem	aker			Own H	lome				
17. FATHER'S NAME (First, Middle, Last)		-			16, MOTI	HER'S NAM	E (First, Middle, Mei		-			
Wallace Staffo	rd						Kennedy					
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre			ute Number, City or		ip Code)			
Helen Bower										2.4		
Helen Bower  7415 Belmont Ave., Balto., Md. 21224  20e. METHOD OF DISPOSITION 1 Burlel 20 KCremetion 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Edison M. Perkins 22. NAME AND ADDRESS OF FACILITY  Bradley-Ashton Funeral Home.										n, State		
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	Gre	eenMo	unt Cr	E AND ADDRE	S OF FACE	11-7-94 UTV	Dalte	O., MC	21222		
23. PART I. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	. List only one ceu	caused the	lina.	not anter the	mode of dyl	ng, such		Rd applicatory an	Balt reat,	Approximate Interval Betwo		
disease or condition resulting in death)  a. OBSTRUCTIVE AIRWAYS DISEASE  DUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
cause. Enter UNDERLYING	cause. Enter UNDERLYING RONCHOSPASM											
that initiated events resulting in death) LAST	CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnificent condition	one contributing to	death but n	ot resulting	In the underly	ving cause o	alven in P	art I. 24e, WAS	S AN AUTOPSY	24b. V	VERE AUTOPSY FINDIN		
CORONARY							PER	FORMED?	6	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL	T		_	26	. PLACE OF D	EATH (Chec	k only one)					
EXAMINER?	HOSPITAL:	ER/Outpatier	v 3 □ DOA	OTHER:	dome 5 🗆 Be	eldanca 6	Other (Specify)					
27, MANNER OF DEATH	26a. DATE OF (Month, Da	INJURY	26b. TIR	ME OF 28c. JURY	INJURY AT WORK?		28d. DESCRIBE HO	OW INJURY OC	CCURED			
	Second   S							reet and Numbe tate)	er or Rural Ro	ute Number,		
2 Accident Investigation	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day.											
2 Accident 3 Sulcide 6 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of NER: On the basis of ex	my knowledge amination and	d/or investigati	on, in my opinio	n, death occur	red at the ti	me, date end place	, and due to t	the cause(e)			
2 Accident Investigation 3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only 1 DEPICE EXAMINE) 29b. SIGNATURE AND TITLE OF CERTIFIE  30, NAME AND ADDRESS OF PERSON W	SICIAN: To the best of NER: On the basis of ex	my knowledge amination and J TER IN SE OF DEATH KEY	(ITEM 27) (Type	on, in my opinio	29c. LICI	ense nume	me, date end place	29d. DA	TE BIGNED (1			

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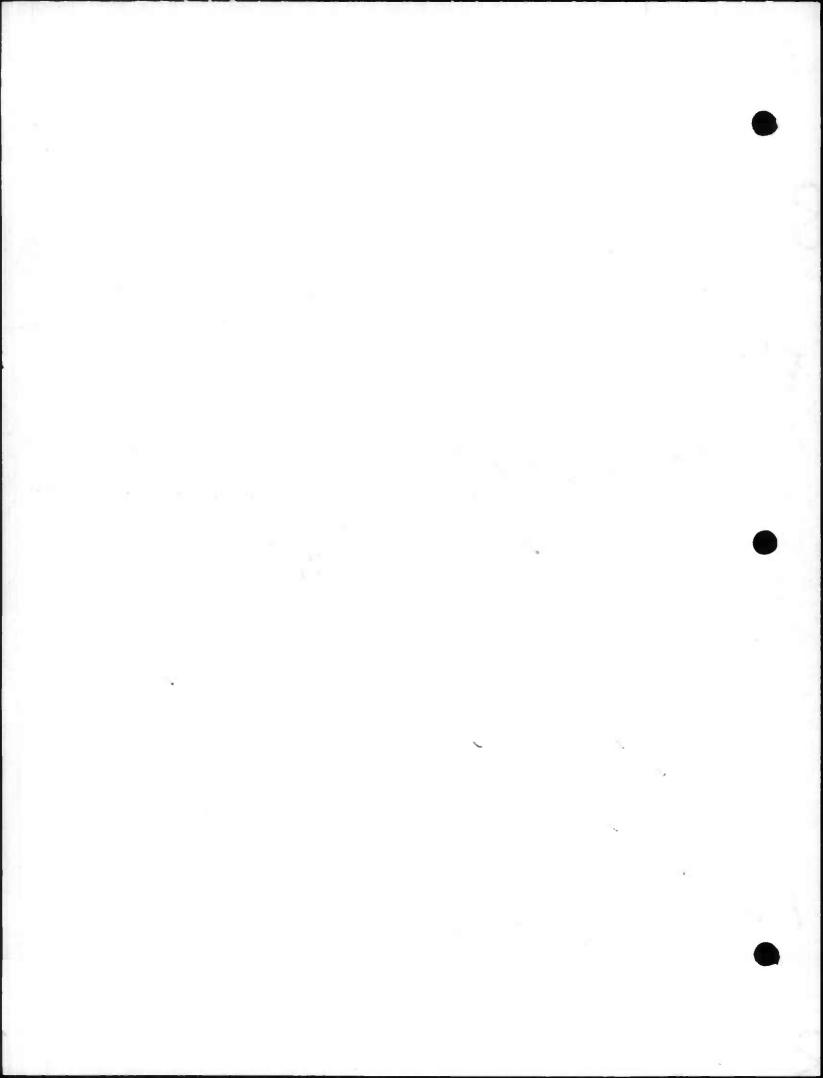
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8	1 - FOR STATE REGISTRAR	STATE OF M			T OF HEALTH AN	ID MENT	AL HYGIENE REG. NO.	9	L	00318	
	1. DECEDENT'S NAME (First, Middle, Lest) FLORENCE		WAL	LACE		2. DA	TE OF DEATH NUARY 8	1994	3. 5	:20A	
	4. SOCIAL SECURITY NUMBER 219- 03- 0193	5. SEX	8. AGE (In yrs. lest birtho 71 YR	MONTH	ER 1 YEAR F UNDER 24 H		re of BIRTH onth, Day, Year)	0.4	BIRTHPLA CARYLA	ND State or Foreign	
TOR	9a. FACILITY NAME (II not institution, give THE JOHNS HOPK RESIDENCE OF DECEDENT		TAL	9b. Ci	BALTIMORE			9e. COUNTY	of DEAT	н	
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	n/a	10c.	CITY, TOWI	BALTIMORE				d. INSIDE CITY LIMITS?  YES 2 NO		
ERAL	100. STREET AND NUMBER 1832 N. CAROLINE ST	TREET			10f. ZIP CODE 21213		top. Ti	10g. CITIZEN OF WHAT COUNTRY? UNITED STATES			
BY FUN	11. MARITAL STATUS 1 Mever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES 2 V NO AR OR DATES	1	3. WAS DECENDENT OF HI If yes, specify Cuban, M 1 YES 2 XXNO S	GIN? (Specify Yes o to Rican, etc.)	99 or No— 14. RACE — American India Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	) Ille. Do NO	T'S USUAL of work dor of some retired ECHNIC	e during most of working .)	1	66. KIND OF BUSI		NIVERSITY		
BE CON	17. FATHER'S NAME (First, Middle, Last)  EDGAR MONDOWNEY  19a. INFORMANT'S NAME (Type/Print)			18. MOTHER'S NAME (First Middle, Maiden Surname)  LOTTIE FLEET  b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)							
2	OLLEN W. DOUGLASS		3408	ESSE	X ROAD, BAL	TIMORE.	MARYLAND	2120	7		
	20s. METHOD OF DISPOSITION 1 © Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U		20b. PLACE AND DA completely, cremetory BALT IMORE	or other plac		01+11	BALTI		MARY		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  SEPS IS  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  Sequentially list conditions.									Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	OR AS A CONSEQUENC	E OF):							
: MEDICAL	Esophageal  Asproation		e	ng in the	undarlying cause give	n in Part I.	24a. WAS AN A PERFORM 1 VES 2 (	ED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН							
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26e. DATE OF (Month, De		TIME OF INJURY	26c. INJURY AT WORK?  1 YES 2 NO	28d. C	ther (Specify) DESCRIBE HOW IN	JURY OCCUP	NED		
8	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE Of building,	FINJURY — At home, feetc. (Specify)	rm, street, f	actory, office		OCATION (Street an ity or Town, State)	d Number or	Rural Rout	P Number,	
COMPLET	one) —				e time, data and place, and opinion, death occured a				euse(a) an	d manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	alle	Men		29c. LICENSI	NUMBER 720		29d. DATE S	IGNED (Me	onth, Day, Year)	
	31. DATE FILED (Month, Day, Year)	VELMAN 32. EGISTRA	John SIGNATURE	Hop	Karlten.	11/	Beltmer	e M	0	21205	
	JAN 1 0 1994	grille.	evidson-Anda	见							



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT. If Item 28 is marked, or item 26 shows any figury, or other traumatic event, the medical examiner must be notified at once,
ne funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: Aim this cartificate has been comed by the attending physician and computery filled in by to be filed within 72 hours after death with the Sutta Day, or Human and Mental Hygiens prior to burst, cremation, or remo
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with thousand after death. Page 6 may be retained by the hospi

1	FOR STATE	STATE OF M						) MENT	AL HYGIEN	E 94	0	10319	
	REGISTRAR			CERTIF	ICATE	OF D	EATH		REG. NO				
1.	DECEDENT'S NAME (First, Middle, Last)	cy V	Vrigh	t		MON	n. 06		YEAR	3. TIME OF DEATH  11:30 A M			
4.	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 Y		F UNDER 24 HRS	7. DAT	E OF BIRTH nth, Day, Year)		8. BIRTHP	LACE (State or Foreign	
	233-46-0983 a. FACILITY NAME (If not institution, give si	1 M 2 XF	6	2 YRS.			LOCATION OF	09	9/06/3	9c. COUN		Virginia	
DIRECTOR 1	Francis Scott Key	Medical	Cente	r/ER	В	alti	imore					-	
10	De, STATE 10b. COUNTY				Y, TOWN OR L	OCATION	N .				10d. INSIDE CITY		
1 10	Maryland	Baltim	ore			104 715	Dun	da1k	ζ	LIMITS?  1 YES 2 NO  HAT COUNTRY?			
¥		<b>.</b>				101. 211		1000	,			ANI COUNTRY?	
FUNERAL	448 Trappe Roa	12. WAS DECEDENT	FVER IN II S	ARMED	12 148.0	DECENT		1222	IN? (Specify Yes		USA	— American Indian,	
	Never Married 2 Married	FORCES? 1	YES 2		If yo	s, specify	y Cuben, Mex	ican, Puerte	o Rican, etc.)	or No-	Black,	White, etc.	
_	Widowed 4 Divorced	IF TES, GIVE VE	AN ON DATES		'-	TES 2	NO Spe	вспу:			Specify	White	
	15. DECEOENT'S EDUC (Specify only highest grade	CATION	16e.	OECEDENT'S	USUAL OCCU	PATION		16	Sb. KIND OF BUS	SINESS/INDU	JSTRY	WHITEC	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	,	ille. Do NOT us	work done duri se retired.)	ng most of	ir working						
Į L	10			Hon	nemak	er				Hom	e		
77.	FATHER'S NAME (First, Middle, Last)					18	B. MOTHER'S	NAME (First	, Middle, Maiden	Surname)			
	Ottie Ha	rvey						Mari	e Mo	nty			
	a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet and f	Number or Rui	ral Floute Nu	mber, City or Tow		Code)		
2 7	Thomas D. Wrig	ht		2125	Sunn	ytho	orne	Road	Ba1	timo	re.	MD 21220	
	Da. METHOD OF DISPOSITION		20b. PLA	CEANDDATE	OF DISPOSITIO					CATION — C			
4	☐ Burial 2 X Cremation 3 ☐ Remo ☐ Donation 5 ☐ Other (Specify)	OVER FROM State	Met.	ro Cr	ther place) cemate	orv.	.Inc.	1/1	.0	Balt:	imor	e, MD	
21	SIGNATURE OF FUNERAL SERVICE LIG	ENDEE Mar	The		22. NAI	ME AND A	ADDRESS OF	FACILITY					
	George E.	*							ety o			nc. e,MD 2122	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory strest, shock, or heart failure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.							Onset and Death						
MEDICA	ART II. Other significant condition	in the under	riying ca	ause given	in Part I.	24e. WAS AN PERFOR 1 YES 2			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
5	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE	E OF OEATH	Check only	one)				
Ď.	, 1 TYES 2 NO	1 Inpatient 2 E			4 - Nursing		5 🗌 Realden						
27.	MANNER OF DEATH  1 Natural 5 Pending	26a. OATE OF I (Month, Da	NJURY y, Year)	28b. TIM	E OF 28	c. INJURY WORK?	Y AT	28d. D	ESCRIBE HOW I	NJURY OCC	UREO		
2	1 Natural 5 Pending 2 Accident Investigation						2 NO						
3	2 Accident 3 Suicide 8 Could not be determined  289. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,					
29	a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINE											and menner as stated.	
29	SIGNATURE AND TITLE OF CERTIFIER	V	0			29	9c. LICENSE P	UMBER		29d. DATE	SIGNED (	Month, Day, Year)	
ם וו	X Remain	e la	ala		un	_	Reside	ent		<b>•</b> (	01/0	7/94	
30.	Kilmarco Kash								.1				
31.	Kiumarce Kash: DATE FILED (Month, Day, Year)	32 DECISION	S S NATUR	rrank	тти 20	uar	e priv	e B	altimor	e, M	) 21	.237	
	JAN 10 1994 0	The state of	of The Co	Ç214									



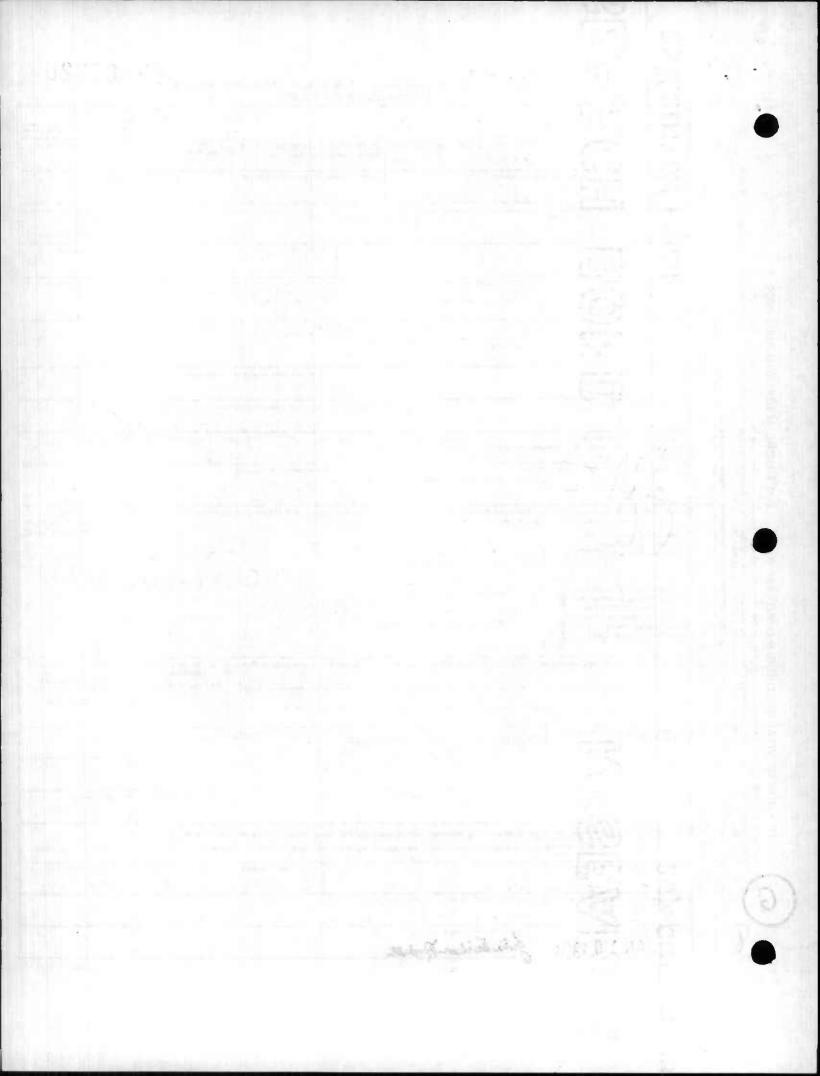
F.H. G-707 1/10/94 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Lest)	0.0000		ERITIC	AIE OF	DEATH	2 DATE	REG. NO	AN 7 3	00/1	2 TIME OF DEAT	
	WARNE	R OSCAR D.	OSCAR D. Warner Sr. 3					2. DATE OF DEATH JAN. 7, 1994 WEAR			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 8. AGE (In yrs. last b		pirthday) IF UNDER 1 YEAR IF UNDER 24 HE		(14	7. DATE OF BIRTH		8. BIRTH	LACE (State or Fo	
	214-28-7401 1 M 2 🗆 F 62				MONTHS DAYS MOURE MAN (Month, Day, Year)					Country		
	9s. FACILITY NAME (If not institution, give	street and number)	. 0 2	9b	CITY, TOWN	OR LOCATION O		uary /		YEN VITY OF DE	nsylvan ATH	
5	Carroll County G	eneral Ho	snital	Ţ	Vestmi	neter			Ca	~~~1	1	
ECTOR	RESIDENCE OF DECEDENT		Spitai	_	- 1	ACCORD DO			L Va	Carroll		
OIRE	10a. STATE 10b. COUNT			10c. CITY, TO	OWN OR LOCA	ATION					10d. INSIDE CITY LIMITS?	
	Maryland Carro	011		West	minst	er of, ZIP CODE					1 YES 2 T	
RAL	857 Muller Road						10g. CITIZEN OF WHAT COUNTRY?					
NER	11. MARITAL STATUS	I				21157				S.A.		
FUN	1 Never Merried 2 Merried		YES 2	NO NO	If yes, s	CENDENT OF HI pocify Cuben, M	exican, Puerto	N? (Specify Yes Rican, etc.)	or No-		- American Indi- White, stc.	
B	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 TYE	S 2 Z NO S	pecify:			Specify	White	
ED	15. DECEDENT'S EDI		16a. D	ECEDENT'S USL	IAL OCCUPAT	ION	16	b. KIND OF BUS	SINESS/IND	USTRY		
ш	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	(0	Give kind of work e. Do NOT use re	done during m	lost of working						
	12 Years	ontract						tion				
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NAME (First, Middle, Melden Surname)							
ш	David A. Warner					Anni	ie B.	Clingi	nan			
0 8	19a. INFORMANT'S NAME (Type/Print)		16	96. MAILING ADI	DRESS (Street	and Number or F				Code)		
٩	Mrs. Helen Warne	r		857 Mu	ller R	oad We	estmin	ster. 1	1D 2	1157		
	20s. METNOD OF DISPOSITION	noval from State	20b. PLACE	AND DATE OF D	ISPOSITION /A		DA		CATION —		rn, Stats	
- 3	Commettery Screen to Other (Specify) Salem U.M. Church Cemetery 1/11/94											
	21. SHOWATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Burrier-Queen Funeral Directors, P.A.217											
-	1212 West Old Liberty Road Winfield, MD  23 PART   Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street,   Approximate											
ATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  CAVLEY  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CONTRACTOR OF STATE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
- 1	PART ii. Other significent condition	resulting in t	in the underlying ceuse given in Part I.			t I. 24s. WAS AN AUTOPSY PERFORMED?		24b.	WERE AUTOPSY FI			
EDICAL				PERFORMED?			AVAILABLE PRIOR COMPLETION DF					
MEC	CHES STREET			7000							1   YES 2   1	
AN:												
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only one)									
PHYSICI	1 YES 2 NO	HOSPITAL:		OTHER:								
E	27. MANNER OF DEATN	28a. DATE OF (Month, D	28b. TIME OF	7 20c. IN	JURY AT	1	1. DESCRIBE HOW INJURY OCCURED					
ВУ	1 Netural 5 Pending 2 Accident investigation	,,,,,,,,,,			M 1 YES 2 NO							
	3 Suicide e Could not be	ome, farm, stree	street, factory, offics 28f. LOC/				LOCATION (Street and Number or Rural Route Number, City or Town, State)					
=	4 Nomicide datarmined		atc. (Specify)						100		4211.7	
PLE	29s. CERTIFIER (Check only	BICIAN: To the best of	my knowledge, d	sath occurred at	the time, det	a and place, end	due to the co	use(s) and mar	mer ss state	ed.		
COM	one) 2 MEDICAL EXAMIN	ER: On the basis of a	xamination and/or	investigation, in	n my opinion,	death occured a	t the time, dat	s and place, an	d dus to th	e csuse(s)	and manner ss at	
	20% SIGNATURE AND TITLE OF CERTIFIE	ER ,				29c. LICENSE	NUMBER		29d. DATE	E SIGNED	(Month, Day, Year)	
H	ANAMA	a has				B 39	502		•	1/7/	94	
임	10. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	IM 27) (Type, Prin	(0)		140				,	
	STED. S	HOSA	N MI	4	mar	L Co	· H	. 92				
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	AR'S SIGNATURE									
	JAN 1 0 1994	guia de	widow 18	nde M								

burs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, RE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-16 Rev 1/89



1 - FOR STATE REGISTRAR

	215033575 9a. FACILITY NAME (If not institution, giv	1 [ M 2 [ F	80 '	/RS. 9b. CIT	r, TOWN OR LOCATION OF	06/21 DEATH		MARYLAND ITY OF DEATH		
CTOR	FRANKLIN SOUARE HOSPITAL ROSSVILLE Baltimore County									
DIREC	RESIDENCE OF DECEDENT  10a. STATE  10b. COU	NTY	10-	c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY		
	MD BA	ALTIMORE		BAI./I	IMORE 101. ZIP CODE		10a CITI2	1 TYES 27		
ERAL	40 SURREY LANE	3			- Common -	21236	log. Gillz	USA		
BY FUN	11. MARITAL STATUS  1 Never Married 2 N Married  3 Vidowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO		ecify Yea or No— , etc.)					
ETED	15. DECEDENT'S E (Specify only highest gra		(Give ki	ENT'S USUAL Clind of work done NOT use retired.)	CCUPATION during most of working	16b. KIN	O OF BUSINESS/INDU			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		INTENAN	CE	SEL	F EMPLOYE	ED		
E COMPL	17. FATHER'S NAME (First, Middle, Last) JOHN F. WAIDNER					NAME (First, Middle ELL GEIS		11.7		
TO B	19a. INFORMANT'S NAME (Type/Print)				S (Street and Number or Run					
	ETLEEN W. WATDNE  20a. METHOD OF DISPOSITION  1   Burlel   Cremation 3   Ri  4*E Donation 5   Other (Specify)		20b. PLACE AND I	DATE OF DISPO		IMORE,	20c. LOCATION — City or Town, State			
	METRO CREMATORY 1/10 BALTIMORE, No. 21. SIGNATURE JUNERAL SERVE LICENSEE  22. NAME AND ADDRESS OF FACILITY  CVACH/ROSEDALE FUNERAL HOME  12.1									
7	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pneumonia	On each line.  AS A CONSEQUEN	NCE OF):				est, Approxim interval B Onset and		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUEN	NCE OF):				interval B		
ERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUEN	NCE OF):				interval B		
SICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR .  DUE TO (OR .  DUE TO (OR .	AS A CONSEQUEN	NCE OF):	nderlying cause given		WAS AN AUTOPSY PERFORMEO?	interval B		
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR .  DUE TO (OR .  DUE TO (OR .	AS A CONSEQUEN	NCE OF):	nderlying cause given		PERFORMEO?	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF		
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condit Myelodysplasia	DUE TO (OR DUE TO (OR	AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN th but not resul	NCE OF):	20. PLACE OF DEATH (	1 [Check only one)	PERFORMEO?  YES 2\text{XNO}	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF O OF DEATH?		
IVSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condit Myelodysplasia  Emphysema  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  The but not result  AS A CONSEQUEN  TO UTPERIOR 3   CONSEQUENCE  TO UTPERIOR 3   CONSEQUENCE  TO	NCE OF):  Iting in the u	28. PLACE OF DEATH ( R: Ising Home 5  Residence 28c. INJURY AT WORK? 1  YES 2  NO	(Check only one)	PERFORMEO?  YES 2\text{XNO}	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF O OF DEATH?  1 YES 2		
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condit Myelodysplasia  Emphysema  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation in the condition of the condition o	DUE TO (OR DUE TO (OR	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  th but not result  four petient 3 = 28  four petient 28  JURY — At home, 6	NCE OF):  Iting in the u	28. PLACE OF DEATH ( R: Ising Home 5  Residence 28c. INJURY AT WORK? 1  YES 2  NO	(Check only one)  ce 6 Other (Sp  26d. DESCRIE	PERFORMEO?  YES 2 NO  scity)  BE HOW INJURY OCC:	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF O OF DEATH?  1 YES 2		
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condit Myelodysplasia  Emphysema  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not a determined condit of the condition of the conditio	DUE TO (OR DUE TO (OR	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  (A) A CONS	OCCURRED AT THE OF INJURY M	28. PLACE OF DEATH ( R: rsing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO tory, office	(Check only one)  26 6 Other (Sp  25d. DESCRIE  26f. LOCATION City or 70	PERFORMEO?  YES 22 NO  PEHOW INJURY OCC.  N (Street and Number of var., State)	24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2   CURED  Or Rural Route Number,		
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condit Myelodysplasia  Emphysema  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not a determined condit of the condition of the conditio	DUE TO (OR DUE TO (OR	AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  AS A CONSEQUEN  (Outpatient 3   C  (Outpatient 3   C  (Specify)  JURY — At home, 1  (Specify)  At home, 1  (Specify)	OCE OF):  Iting in the unit of	28. PLACE OF DEATH ( R: rsing Home 5  Residence 28c. INJURY AT WORK? 1  YES 2 NO tory, office	(Check only one)  26 G Other (Sp  26d. DESCRIE  26f. LOCATIO City or for due to the cause(a) the time, date and	PERFORMEO?  YES 2 NO  Sectiv)  PE HOW INJURY OCC  N (Street and Number of wire, State)  and manner as state place, and due to the	24b. WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2   CURED  Or Rural Route Number,		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6+1



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First	Middle, Last)									2. DATE C	E DEATN			3. TIME OF DEATN	_
Pages 1, 2, 3 should		MONTH DAY YEAR															
						In vrs. last b	last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS.				6:45 p.			
		577-18-2951		)( X M 2 □ F	69	,		MONTHS	DAYS	HOURS	MIN.	/Month	Day, Ybar) 4,19	224	VA.	y)	
		9a. FACILITY NAME (If not in		treet and number)	1 03		-	9b. CITY	TOWN (	OR LOCATI	ON OF DE		• 4,1		NTY OF D		_
	Œ			,								LATIV					
	СТОВ	1301 Chez Court Fallston Harford										,TU	_				
	lwi	10a. STATE	10b. COUNT				10c. CITY,									10d. INSIDE CITY	
ج. چ	E	Maryland Harford							Fal:	lstor	7					LIMITS?  1 YES 2 NO	
permit.	A	10e. STREET AND NUMBER				101	f. ZIP COD						VHAT COUNTRY?	_			
St.	띮	### 1301 Chez Court   21047   U									JSA						
020 physician. burial-transit	FUN	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN	U.S. ARME	ED					NIC ORIGIN?	(Specify Yea	or No-	14. RACE	— American Indian,	
	ВУ	1 Never Merried 2 T		IF YES, GIVE	WAR OR DA	TES				2XXNO			can, atc.)		Speci	ify:	
	ED E		EDENT'S EDU	CATION	WW											White	_
	ETE	(Specify only	y highest grade	completed)		(Give	EDENT'S U s kind of wo NOT use	ork done o			ng	16b.	CIND OF BUS	INESS/INE	DUSTRY		
D 2	12	Elementary/Secondary (0	1-12)	3 yrs.	+)	CP.		,,,,,,				Wau	gh-Cr	oss 8	Ass	sociates	
the hospital or detached for u	COMPL	17. FATHER'S NAME (First, M	iddle, Last)	- J						18 MOT	HED'S MA		ddla, Maiden				
by the	Ŭ U	Thomas Emme		ah								Snabe		sumame)			
MAR retained to 5 should	m	19a. INFORMANT'S NAME (7		J		19h. I	MAILING A	DDBESS	(Street s				r, City or Town	Ctota 7in	Cadal		-
	2	Mrs. Jean S		ah									Mary		210	)47	
ay be		20a. METHOD OF DISPOSIT	ION		20b.	PLACE AN		_				DATE		CATION —	City or To	own State	_
Page 6 ma al director, p		1 Burial 3(X) Cremation 4 Donation 5 D Other		oval from Stata	сете	etery, crame etro	atory or othe	er plece)	rv ·	Tnc	1_6.	-94				Maryland	
Page al dire		21. SIGNATURE OF FUNERA	L SERVICE LIC			C .		22.1		ND ADDRE			_ Dal	TIIIOT	е, г	aryranu	_
BALTIMORE, after death. Page 6 may be noval. ical examiner must be it		E. F. Lassahn Funeral Home 21087 11750 Belair Rd. Balto., Md. (Kingsville)															
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OX 687(e) be executed sician and committee to burial, traumatic ev.	Ó	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										_					
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Hygin Hygin	resulting in deeth) LAST																
DRDS, P.O. Both that the death certificate ed by the attending physis hand Mental Hygiene prany injury, or other that		PART II Other eignifice	nt condition	o contribution to	doub by			40									
OKDS, that the dealed by the at the at the at the at and Ment the and injury,	MEDICAL	PART II. Other eignifice	THE CONGRESSION	s contributing to	death bt	ut not res	surring in	the un	deriyin	g ceuse i	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	S
	ă												1 TES 2	□ NO		OF DEATH?	
- 0 0 0 d																1 TYES 2 NO	
	PHYSICIAN:	or 4400 0405 DESERBED TO	2 44571044														
N: The Ficate h State it	<u> </u>	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHER		LACE OF D	EATN (Ch	eck only one,					_
G PHYSICIAI er this certifi th with the	4×S	1 VES 2 NO		1 Inpatient 2			26b. TIME	4 Num	_	-	aldenca	6 Other			0.440.000		_
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	BY	3 Sulelde	Investigation	28e, PLACE (	OF INJURY	— At home	e. farm. atr	net fecto				284 LOCATION /Street and Number or Dural Route Number					
TTENDIN TOR: Afti after dea	8		Could not be determined	building	OF INJURY — At home, farm, street, factory, office g, sic. (Specify)  281. LOCATION (Street and Number or Rural Rout City or Town, State)	one rumosi,											
OR ATTEN ORRECTOR: hours after item 28 i	COMPLET	29a. CERTIFIER			C. 200			78									
로 글 전 등	MP	(Check only		CIAN: To the best o													
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	8				Auritmenton	agituor inv	remigration,	, in my of	pimon, a	Hearth Occur	red at the	time, data a	no place, an			) and manner as stated.	
OR VE	R	296. SIGHATUBE AND TITLE	OF CEIGHTE	//	1.	-1	1			29s. LICI	ENSE NUM	MBER	9	29H. DAY	E SIGNED	phoren. Day, Many	
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11		Dr. Auerba	Ch _ E	nanklin	Sch L	HOSDE	z/) (fype, P + ≘ ]	2nd	Ę٦	(De	nt.	of Ma	dicin	e)/(	682-	7000)	
511		31. DATE FILED (Month, Day.						LIIU	1 1.	(106	P 0 .	O = 110	- U-U-III	-/ (			_
		JAN 1 0	1994	32 AEGISTA	with	- B-	400.										

And the state of t

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

12:15 PM

YEAR

2. DATE OF DEATH

7. DATE OF BIRTH

Jan. 4,1994

Milton

4. SOCIAL SECURITY NUMBER

Wulk

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. lest birthday)

	Pages
	permit.
physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at he
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certificate

attending physician certificate be

(Month, Day, Year) Aug. 13, 1918 064-14-6688 1 XM 2 F 75 YRS. New York 9e, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH 13216 Hathaway Drive DIRECTOR Wheaton Montgomery RESIDENCE OF DECEDENT IDC. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY Maryland Montgomery Wheaton 1 YES 2X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13216 Hathaway Drive 20906 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)
 The Yes of No Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married spowhite BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

OWNER 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) Wulk Brother's 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname, Hyman W. Wulk notified at Jennie Fine B 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Irene Casanove 13216 Hathaway Dr., Wheaton, Md. 20906 pe 20a. METHOD OF DISPOSITION

XIXBurial 2 □ Cremation 3 □ Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE must of cometary, crematory or other place)
Judean Memorial Garden1/9 Olney, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY ele Ives-Pearson Funeral Homes filled in by the function, or removal. Arlington, Virginia 2220] medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each line Interval Batw IMMEDIATE CAUSE (Final Onset and Death ysician and completely fille prior to bunial, cremation, the Ventricular Fibrillation event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or een signed by the atte PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO 1 TYES 2 XNO PHYSICIAN: the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 4 - N marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with timpORTANT: It Item 28 is marked, Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D24819 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Zinsmeister, M.D. 8830 Cameron St., Suite 601, Silver Spring, Md. 20910 STRAD'S SIGNATURE 31. DATE FILED (Month, Day, Year) JAN 1 0 1994 DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within fours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical ex	Yours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	non, or removal.  The medical examiner must be notified at once.
TESE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	be filed within 72 hours after dean with the State Dept. Of Health and Mema Hyderic provid burlat, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION

PHYSICIAN: MEDICAL

COMPLETED

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1 - FOR STATE REGISTRAR 00324 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 96 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR THOMAS J. YOKUBINAS JANUARY 02, 1994 0926 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year PENN, 219-32-7762 1 BM 2 F YRS. APRIL 14 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK CALVERT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY FREDERICK MARYLAND PRINCE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 35 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cubar, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS 14. RACE 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 8 3 Widowed 4 Divorced 12 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ge (1-4 or 5+) GAS, 4-ELECTRIC ELECTRONICS TECH. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle WRIGH YOKUBINAS PAUL TOHN 0. BE 190. JNFORMANT'S NAME (Type/Print) 2 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20c. LOCATION DATE 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES EXVILLE MY OR Enter the diseases, or computations that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition oronary antery 105 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 ☐ YES 2 ☐ NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 6 | Residence 6 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27 MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY

1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. (Check anly one) 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER harles Bensett M.D. 29c. LICENSE NUMBER 025156 29d. DATE SIGNED (Month, Day, Year) Jonuary 3, 1994

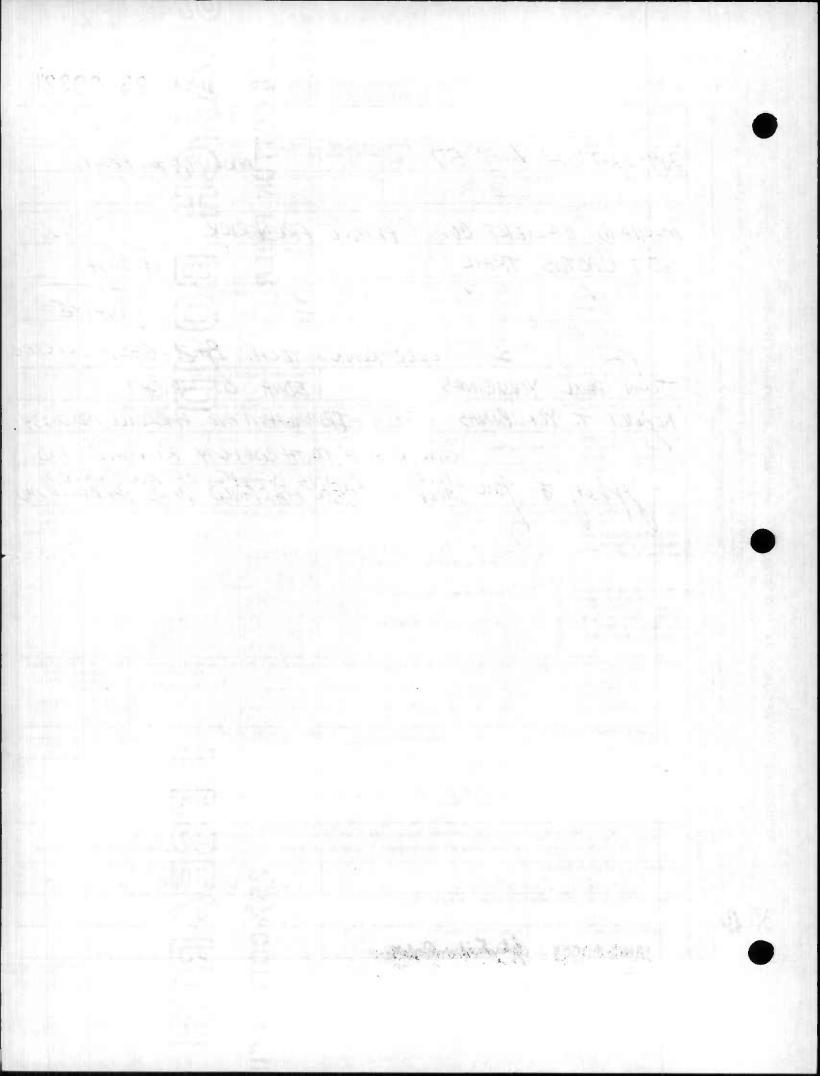
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BENNETT, M.D 31. DATE FILED (Month, Day, Year)

PRINCE FREDERICK, MD 20678

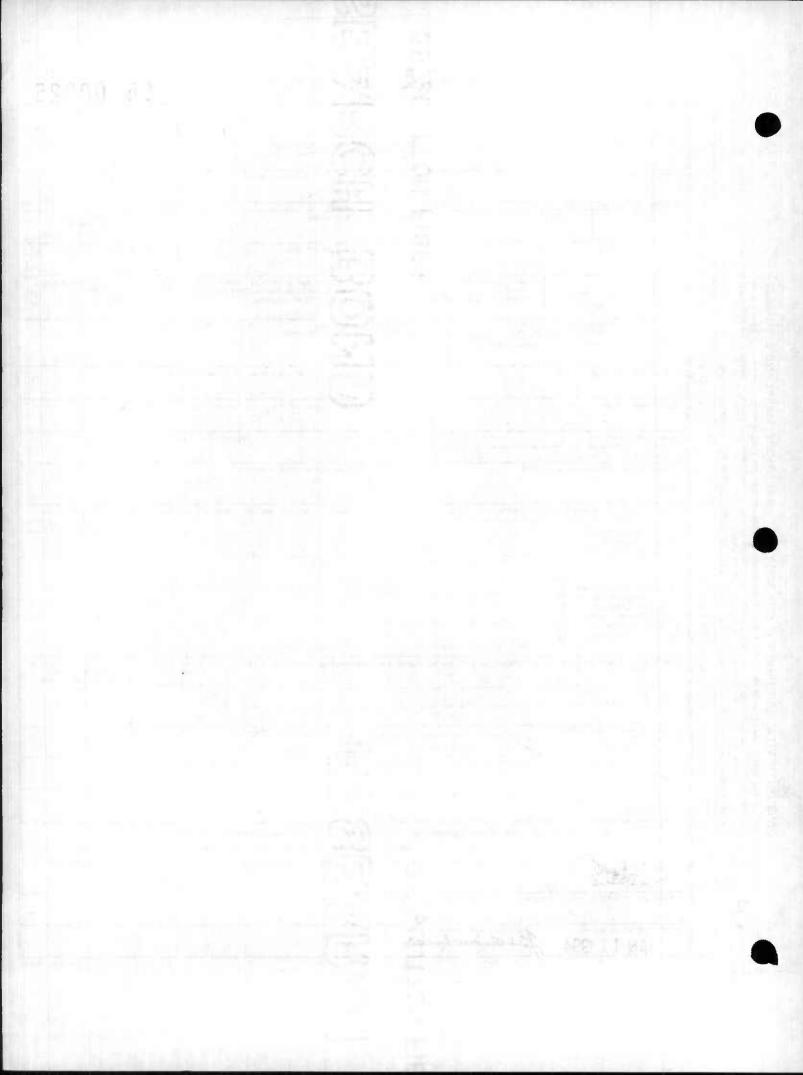
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		MARYLAND / DEPAR CERTIF	ICATE OF		REG. NO	y II	00325
1. DECEDENT'S NAME (First, Middle,	Virgini 10 Allis	a Mae Allisc	n			AY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212 20 9595	5. SEX 1 M 2 X F	6. AGE (In yrs. leel birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) 07 13 25		RTHPLACE (State or Foreign untry)
90. FACILITY NAME (If not institution, Francis Scott	Keyx Medic	al Center	Baltin	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
RESIDENCE OF DECEDEN 100. STATE 100. CO		10c. CIT	ry, TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2000 Odell Ave	enue Apt.20	2	101	21237		U.S.A.	F WHAT COUNTRY?
3 Widowed 4 Divorced	FORCES?	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	S	ACE — American Indian, leck, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Las.		(Give kind of life. Do NOT u	s usual occupation work done during more retired.)  .cal Work	st of working		SINESS/INDUSTRI	Y
17. FATHER'S NAME (First, Middle, Lat. Rer	nbold			16. MOTHER'S NA Meada	ME (First, Middle, Malden	Sumame)	
190. INFORMANT'S NAME (Type/Print) Howard L. Alli					Cooksville		
immediate cause (Final disease or condition resulting in death)	a. Cyano  DUE TO	SIS from co	6224 not enter the mo	Eastern de of dying, auci	as cerdiec or reep	iratory arreat,	Approximate Interval Betwe Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	OR AS A CONSEQUENCE O		- morbi	d obesity	/ asihn	na
PART II. Other algorificant conductions  SIP MIX3  NIDDM	ditions contributing to	death but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	ock only one)		
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE Of (Month, I	ER/Outpetient 3 DOA FINJURY Day, Year) 28b. TIR	4 Nursing Hom AE OF 28c. INJ JURY WO	NO 5 Residence	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	
	28e. PLACE (	OF INJURY — At home, farm, atc. (Specify)			281, LOCATION (Street City or Town, State	and Number or Rui	ral Route Number,
0.0000	ed						
2 Accident	PHYSICIAN: To the best of	my knowledge, death occurro					se(s) end manher es stated.
3 Suicide 8 Could no detarmir  29e. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the best of AMINER: On the basis of a	examination end/or investigation	on, in my opinion, d		time, date and place, e	nd due to the cau	se(s) end marriner es stated.
3 Suicide 4 Homicide 8 Could in detarmin  29e. CERTIFIER (Check only 000) 2 MEDICAL EX.  29b. SIGNATURE AND TITLE OF CERTIFIES	PHYSICIAN: To the best of a MINER: On the bests of a MINER: On the bests of a MINER: On the bests of a MINER: On the bests of a MINER: On the best of	examination end/or investigation	on, in my opinion, d 2, Print)	29c. LICENSE NUM	time, date and place, er	nd due to the cau	



32. RICHSTRAR'S SIGNATURE

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DIRECTOR: A hours after de ltem 28 is 100

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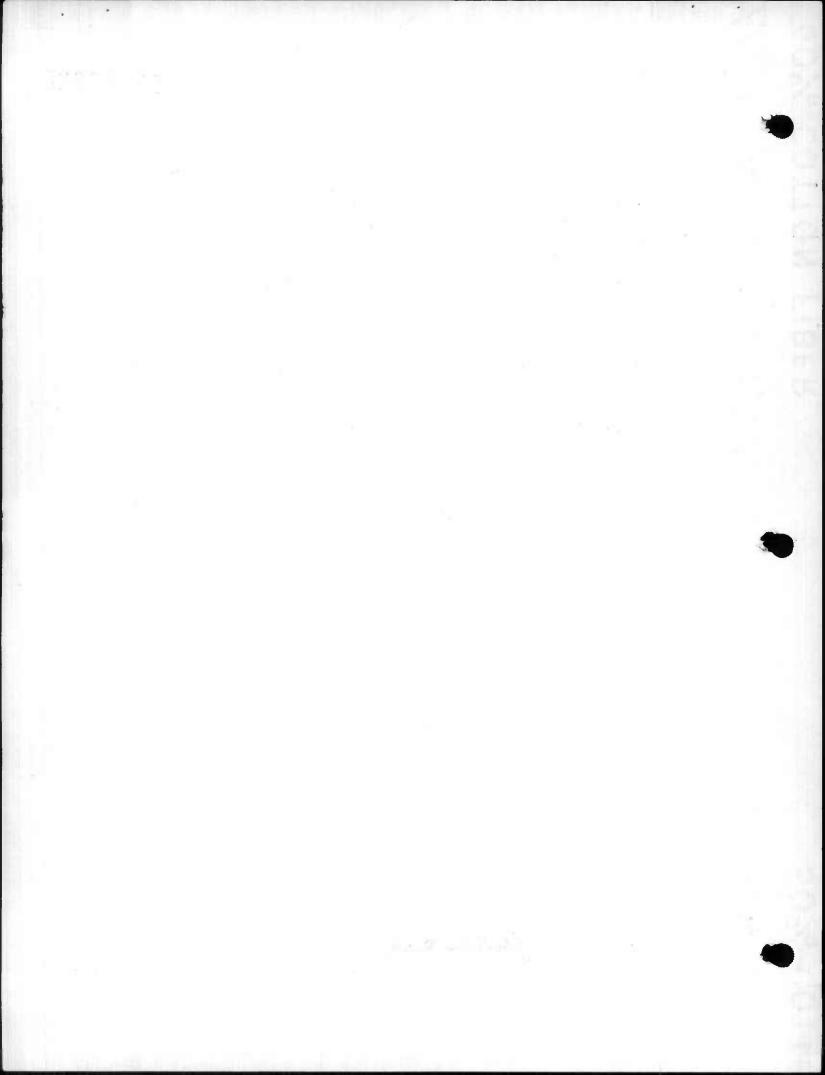
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TO THE FUNERAL E be filed within 72 h IMPORTANT: If II 223 .7

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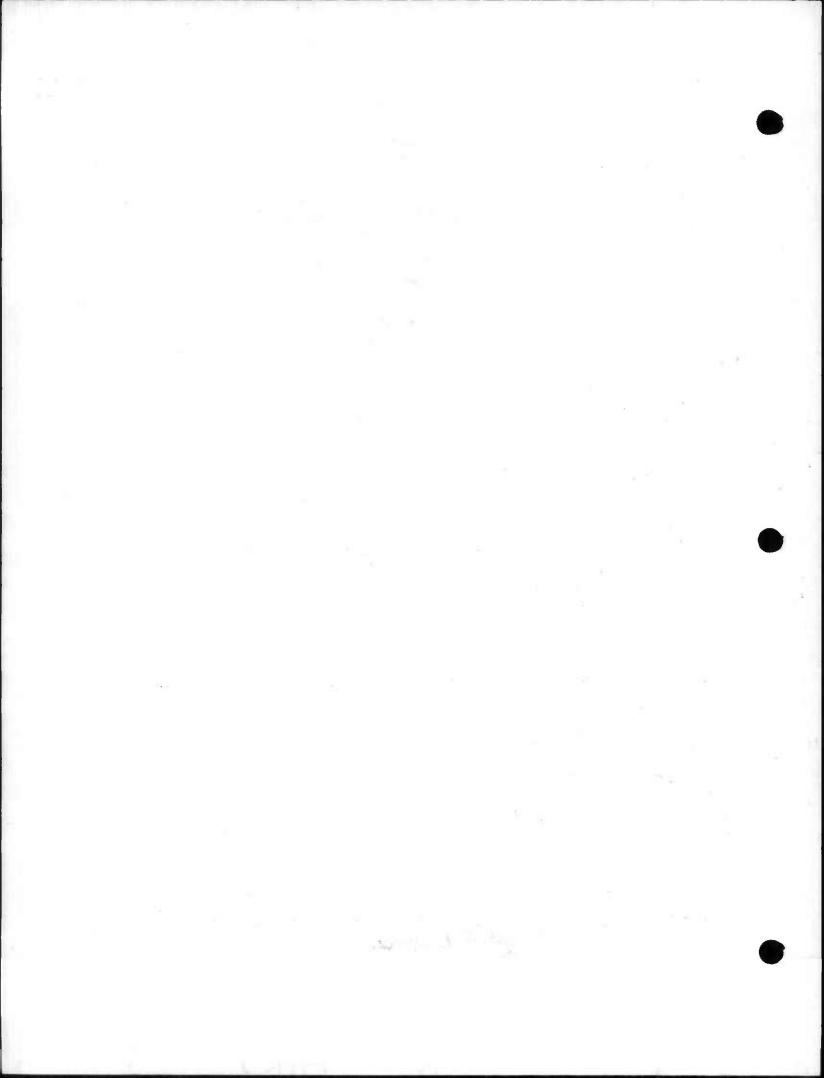


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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	c event, the medic	y, or other traumati	23 shows any Injur	s marked, or Item	APORTANT: If Item 28	케
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	completely filled in by rial, cremation, or rem	attending physician and rtal Hygiene prior to bu	as been signed by the Jept. of Health and Mer	After this certificate h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Z Z
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospi	uted within 24 nours at	eath certificate be execu	law requires that the d	DING PHYSICIAN: The	THE HOSPITAL OR ATTEN	H

1. DECEDENT'S NAME (First, Middle, Last) Hattie Boyer  1. Decedent S NAME (First, Middle, Last) Hattie Boyer	
	7 1994 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  5. SEX 1 M 2 1 F  1 M 2 1 F  5. SEX 1 MONTHS DAYS HOURS MIN.  5. SEX 1 MONTHS DAYS HOURS MIN.  6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS.  7. DATE OF BHTTI (Month, Day, Ye 6-7-1)	er) Country) 935 Md
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Particular of the control	9c. COUNTY OF DEATH
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore	10d. INSIDE CITY VLIMITS? 1 YES 2 NO
100. STREET AND NUMBER 4017 Woodhaven Avenue 21216	10g. CITIZEN OF WHAT COUNTRY? USA
106. STREET AND NUMBER 4017 WOOdhaven Avenue 21216  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Updan, Maxican, Puerlo Rican, atc.) 1 YES 2 NO Specify:	ty Yes or No—  14. RACE — American Indian, Black, White, etc.  Specify: Black
(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)	Hospital Center
with the martina owens	elden Sumame)
P Dorothy Fullard 4017 Woodhaven Avenue Balti	imore, Md 21216
1 Donation 5 Other (Specify) Constitution State Consecutive Consec	c. LOCATION — City or Town, State Randallstown, Md
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenu	ıe
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a	Approximate intervel Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying course given in Part I. 24a. We PE	24b. WERE AUTOPSY FINDINGS RFORMED?  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES     MA
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	NP
	OW INJURY OCCURED
00 2 Accident	treet and Number or Rural Route Number, State)
3 Suicide 8 Could not be detarmined 281. LOCATION S City or Town, series, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, ornica 281. LOCATION S City or Town, at nome, larm, street, lactory, at nome, larm, street, lactory, at nome, larm, street, lactory, at nome, larm, street, lactory, at n	
290 SIGNATURE AND TITUE OF CERTIFIER 290. LICENSE NUMBER 27034	29d. DATE SIGNED (Month, Day, Year)

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

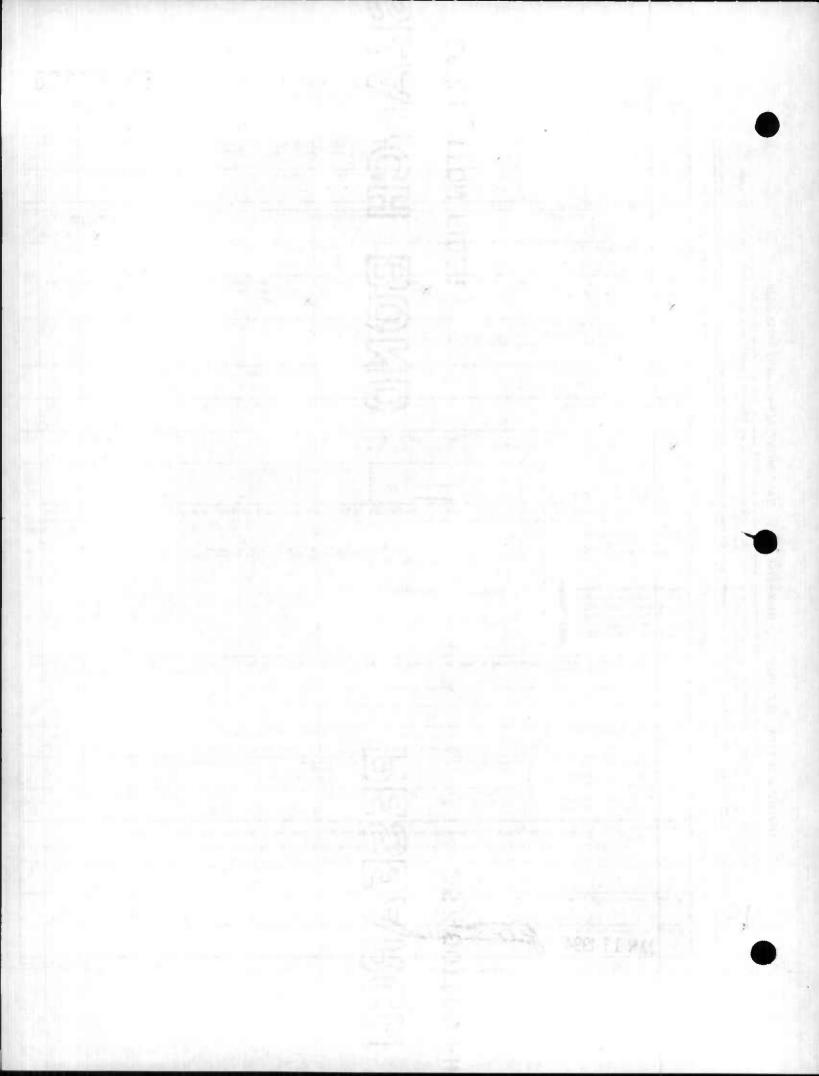
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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician	Jire
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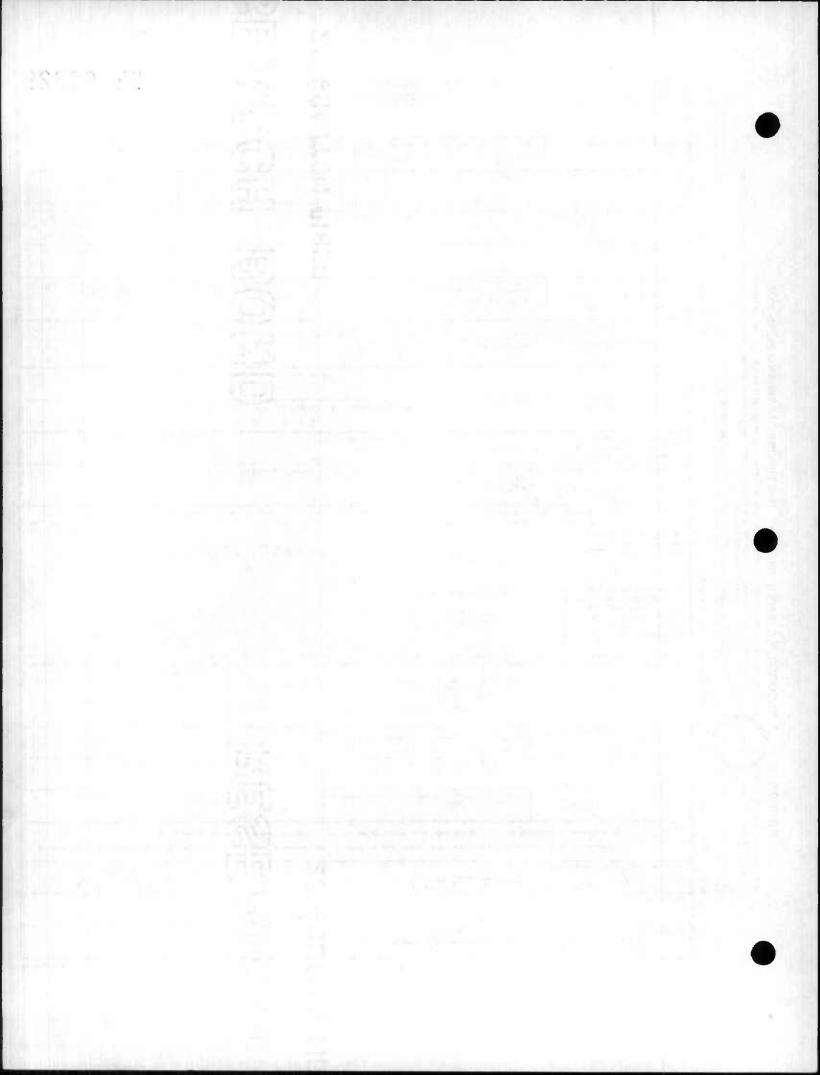
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	14	00	3	2	8
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	REGISTRAR			CATE OF DEATH	MENTAL HYGI		4 00328
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF GEATH
	Josephine H		1		Sa Condia		7 855an
	213-40-0788	5. SEX 8. AGE		F UNDER 1 YEAR F UNDER 24 HRS	(B.C et D M	)	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		50	9b. CITY, TOWN OR LOCATION OF		_	MARYLAND
E	Union Memorial H			Baltimore Ci		9c. COUNT	Y OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT						
	10e. STATE 10b. COUNT	тү		TOWN OR LOCATION			10d, INSIDE CITY LIMITS?
	MARYLAND		BAI	LTIMORE			1 YES 2 NO
<b>8</b>	10s. STREET AND NUMBER	I CEDDEE		101. ZIP CODE	110		N OF WHAT COUNTRY?
FUNERAL	621 EAST 37TH	1 STREET	IN II S ADMED	212			S . A .
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuban, Max 1 TES 2 NO Spe	dcan, Puerto Ricen, atc.	196 OF NO- 14	Black, White, atc.  Specify:
B	3 Wildowed 4 Divorced	1 125, 6172 1541 011	ONIES	TES 2 MO Spi	вспу.		WHITE
	15. OECEDENT'S ED (Specify only highest grad	UCATION de completed)	16e. DECEOENT'S U	SUAL OCCUPATION irk done during most of working retired.)	16b. KIND OF	BUSINESS/INOUS	STRY
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	and the second second				
COMPLETED	8YRS.  17. FATHER'S NAME (First, Middle, Last)		HOUSE			IEMAKER	<
	ANTHONY GUAF	RINO		100	NAME (First, Middle, Mail ICETTA RU		
BE.	19e. INFORMANT'S NAME (Type/Print)	(110	19b. MAILING A	DDRESS (Street and Number or Ru			orie)
2	GRACE M. GUAR	RINO		EAST 37TH S			
	200. METHOD OF DISPOSITION		b. PLACEAND DATE OF	DISPOSITION (Name of		LOCATION - CH	
	1 Buriel 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	movel from State	OST HOL	Y REDEEMER	1/13 E	BALTO.	MD.
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		22, NAME AND ADDRESS OF HENRY W. J	FAGUTY THE S	SONS	CO
	*William	( Sauce	1//	4905 YORK			
	iMMEDIATE CAUSE (Fine) disesse or condition resulting in death)	· Intrace	esch line.	Talus M	ughe-		Interval Between Onset and Da
IFICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO OR AS		haemon infract			Interval Betwo
Į.	disesse or condition resulting in death)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury	b. DUE TO OR AS c. OUE TO (OR AS	A CONSEQUENCE OF).  A CONSEQUENCE OF).	haeno m infract	in Pert I. 24a. WAS		24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
: MEDICAL CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO OR AS c. OUE TO (OR AS	A CONSEQUENCE OF).  A CONSEQUENCE OF).	haeno m infract	in Pert I. 24a. WAS	AN AUTOPSY FORMED?	interval Betwoonset and De  LH N  I 8 N  I 8 N  AMILIABLE PRIOR TO  COMPLETION OF CAUS
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	DUE TO OR AS  OUE TO OR AS  d.  ons contributing to death	A CONSEQUENCE OF).  A CONSEQUENCE OF).	haeno m infract	in Part I. 24a. WAS PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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TSICIAN: MEDICAL	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	DUE TO OR AS  C. OUE TO OR AS  d. Ons contributing to desth	A CONSEQUENCE OF).  A CONSEQUENCE OF).  A CONSEQUENCE OF).  but not resulting in	ths underlying ceuse given  26. PLACE OF DEATH  OF S Resident  OF 28c. INJURY AT	in Part I. 24a. WAS PER 1 YEI	AN AUTOPSY FORMED? S 2 MO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 MO
PHTSICIAN: MEDICAL	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS  OUE TO (OR AS  d.  Ons contributing to desth	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	ths underlying ceuse given  26. PLACE OF DEATH  OF S Resident  OF 28c. INJURY AT	in Part I. 24a. WAS PER 1 YEI  (Check only one)  De 6 Other (Specify)	AN AUTOPSY FORMED? S 2 MO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 MO
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ED BI FRISICIAIN: MEDICAL	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO OR AS  C. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  d. OUE TO OR AS  DUE TO OR AS  ENGLISHED TO OR AS  SICIAN: To the best of my known in the control of the control or and the control or	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  tpetient 3 DOA MERCE (NJU  Y — Al home, farm, streediy)  wledge, death occurred	26. PLACE OF DEATH OTHER: 1   Nursing Home 5   Residen OF 28c. INJURY AT WORK? M 1   YES 2   NO	in Part I. 24a. WAS PER 1   YEI (Check only one) 28d. DESCRIBE HC 28f. LOCATION (Str. City or Rown, S due to the cause(a) and	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDH AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
E COMPLETED BY PHISICIAN: MEDICAL	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  OUE TO (OR AS  d.  Ons contributing to desth  In lineatient 2 = ER/Out  25e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, etc. (Spi	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  tpetient 3 DOA MERCE (NJU  Y — Al home, farm, streediy)  wledge, death occurred	ths underlying ceuse given  26. PLACE OF DEATH.  OTHER:  Nursing Home 5   Residence OF 28c. INJURY AT WORK?  M   1   YES 2   NO reet, factory, office	In Part I. 24a. WAS PER 1 VE:  (Check only one)  De 6 Other (Specify)  28d. DESCRIBE HC  28f. LOCATION (Str. City or Rown, S)  due to the cause(a) and the time, date and place	AN AUTOPSY FORMED? S 2 NO  W INJURY OCCUMENTS  The state of the state	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
TSICIAN: MEDICAL	Sequentisity list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS  C. OUE TO (OR AS  d. Ons contributing to death    DOS CONTRIBUTION    D	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  tipetient 3 □ DOA □  260. TIME INJU  IY — Al home, farm, strecky)  wiedge, death occurred on end/or investigation	Tacus M  26. PLACE OF DEATH  27. PLACE OF DEATH  OF 28c. INJURY AT WORK?  M 1 YES 2 NO  reet, factory, office  1 at the time, date and place, and of time time, date and place, and of time time, date and place, and of time time, date and place, and of time time, date and place, and of time time, date and place, and of time time, date and place, and of time time, date and place, and of time time, date and place, and of time time, date and place, and of time time.	In Part I. 24a. WAS PER 1 YES  (Check only one)  De 6 Other (Specify)  28d. DESCRIBE HC  28f. LOCATION (Str. City or Rown, S)  due to the cause(e) and the time, dete end place	AN AUTOPSY FORMED? S 2 NO  W INJURY OCCUMENTS  The state of the state	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  RED  Rural Route Number,



JAN 11 1994

			44124								REG. NO			
	1. OECEDENT'S I			Butch	er						2. DATE OF DEATH MONTH	DAY 94	YEAR	3. TIME OF DE
	4. SOCIAL SECU	RITY NUMB	ER	5. SEX	6.	AGE (In yrs.	last birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH	94		PLACE (State or
	212-22	-858	37	1 🗆 M 2	DESKE :	74	YRS.	MONTHS DA	HOURS	MIN.	(Month, Day, Year) 7 6 19		Counti	ginia
	9e. FACILITY NA								WN OR LOCAT			9c. COUN	NTY OF O	
DIRECTOR	Libe			cal cal	Cente	er		Ba1t	imore	9			N/A	4
3EC	10a. STATE		10b. COUN				10c. CIT	, TOWN OR L	OCATION					10d. INSIDE C
	Mary1a		I	V/A			Ba	1timo	re					1 X YES 2
ERAL	10e. STREET AND		TT ! 1	1 D					10f. ZIP COL					WNAT COUNTRY
NE	968 N		) HII	_					212:			US		
FUN	1 Never Marri		Married	FORC	ES? 1	YES 25	NO	If yes	s, specify Cub	en, Mexica	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	es or No-		E — American II k, White, stc.
BY	3 Widowed	4 Divo	rced	W YES	B, GIVE WAR	OH DATES		,,	YES 2X NO	Specify	r.		Spec	Blac
回			EDENT'S ED	UCATION de completed)		150.	OECEDENT'S	USUAL OCCUI	PATION og most of work	dna	16b. KINO OF B	USINESS/IND	USTRY	
LE.	Elementary/Se		1-12)		1-4 or 5+)		ille. Do NOT us Vurse	e retired.)			Marc	су Но	eni	+ = 1
COMPLETED	12 Ye		liddle Leett	4 Ye	ars				40 8200	THED 'S MAI	ME (First, Middle, Maide	-	PAT	cal
E CC			Buto	cher							e Smith	vi Sumeme)		
00	19a, INFORMANT				7/11		19b. MAILING	ADDRESS (Str			Route Number, City or To	wn, State, Zip	Code)	
5	Edith	Perr	У				2218	E1si	nore	Ave	nue Balt	imor	e,	Mary1
	20e. METHOD OF						E AND DATE	FDISPOSITIO			DATE 20c. L	OCATION -	City or To	own, State
	21. SIGNATURE C	5 Other OF FUNERAL Inter the di	(Specify) L SERVICE L	ICENSEE /	ons that ca	Wood	death. Do n	Como 22. NAM Cha	tman-	-Har	1/12/94 WOC ciury ris F/H	Balt	imo	re, Md
	21. SIGNATURE C	of FUNERAL  Inter the di lock, or he  AUSE (Fin	(Specify)  L SERVICE L  SERVICE L  Seases, or eart failura	ICENSEE /	ons that ca	aused the on each ii	death. Do n	Character that	tman-	-Har	ris F/H	Balt	i mo	Approx
SERTIFICATION	21. SIGNATURE C  23. PART I. Err  ah  IMMEDIATE C.  disease or col	of Funeral of Funeral	(Specify)  L SERVICE L  L SERVI	ICENSEE /	ons that ca one cause DUE TO (OR	as a cons	death. Do n	Come 22. NAM Cha	tman-	-Har	ris F/H	Bal.t	i mo	Maryl Cullo re, Md Approx Interval Onset
MEDICAL CERTIFICATION	23. PART I. En ah IMMEDIATE Codesase or corresulting in de Sequentially ill if any, leading cause. Enter U CAUSE (Disea that Initiated et al. 1997).	5 Other DF FUNERAL Inter the di ook, or he AUSE (Fin nditton path)  Ist conditt I to Immed JNDERLYI as or inju events eath) LAS	(Specify)  L SERVICE L  L SERVI	r complicati List only	DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONS	death. Do not not not not not not not not not no	Come 22. NAM Cha	t t man- i mode of di	-Har ying, suci	ris F/H h as cerdiac or res	Balt piratory err	imo	Approximerya Onset
SICIAN: MEDICAL	23. PART I. En ah IMMEDIATE Codesase or corresulting in de Sequentially ill if any, leading cause. Enter U CAUSE (Disea that initiated e resulting in de	5 Other DF FUNERAL The He did Octoo	(Specify)  L SERVICE L  L SERVI	a	DUE TO (OR  DUE TO (OR  DUE TO (OR	I AS A CONS  AS A CONS	death. Do note.	Come 22. NAM Cha at other than the under	tyling cause	Har ying, suci	Part I. 24a. WAS A PERFC	Balt piratory err	imo	Approximerya Onset
: MEDICAL	23. PART I. En IMMEDIATE Codesase or corresulting in de Sequentially II if any, leading cause. Enter U CAUSE (Disea that initiated e resulting in de PART II. Other	5 Other  5 Other  FUNERAL  Inter the di  Ook, or he  AUSE (Fin  Indition  Beath)  Ist condition  Beath)  Ist condition  Beath Indition  Ist condition  Ist c	(Specify)  L SERVICE L  L SERVI	a  c  d  HOSPI' 1 □ Input 28e.	DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSTITUTE OF THE PROPERTY OF THE PROPERT	death. Do not not not not not not not not not no	Corne 22. NAW Ch a cot enter the cot enter t	tyling cause	Har ying, suci	Part I. 24a. WAS A PERFC 1 YES	Balt piretory err	24b	Approxinterval Onset a  Were Autops AMALABLE PRI COMPLETION C



94-002

94

n/a

00330

3. TIME OF DEATH

11:15

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

21202

Approximete

interval Between

Onset and Death

Specify: BLACK

1 YES 2 | NO

8. BIRTNPLACE (State or Foreign

MARYLAND

AM

ITEMS: 23 PART I, II, 27,28a,b,c,d,e,f PER MEO G-707 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN MONTH 01 DEBRA REGINA BERRY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Dey, Year) 06- 12-40 214-64-2514 1 M 2 XX permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 2300 BLOCK OF DIRECTOR BOSTON BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYL AND n/a BALTIMORE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1813 N. WASHINGTON STREET 21213 UNITED STATES funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
 U YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY 8 TH College (1-4 or 5+) DISABLED n/a 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) WILLIAM BERRY MARY Mc INTOSH F BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CAROLYN HARRIS 1000 E. LANVALE STREET, BALTIMORE, MARYLAND hours after death. Page 6 may be 9 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) must BALTIMORE "CEMETERY 01+ 10 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.- 1101 E. NORTH AVENUE n by the removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, in and completely filled in by to bunal, cremation, or remo shock, or heert feliure. List only one ceuse on each line. JO **IMMEDIATE CAUSE (Finel** the disease or condition resulting in deeth) DROWNING event. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): at the death certificate be ex by the attending physician a and Mental Hygiene prior to if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST RECORDS, P.O. 10 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL CHRONIC ALCOHOLISM YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? DIVISION OF VIT HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 | NO

ng Nome 5 🗆 Residence 8 🔀 Other (Specify) 2300 BOSTON ARENA 28d. DESCRIBE NOW INJURY OCCURED

SUBJECT DROWNED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2300 BOSTON ST. OSTON ARENA. BALTIMORE.

01/04/94

29e, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner as stated.

28b. TIME OF

FOUND!

28e. PLACE OF INJURY — At home, ferm, atreet, factory, offica building, etc. (Specify)

M

2 MEDICAL EXAMINER: On the on and/or investigation, in my opinion, death occured at the time, date and placa, end dua to the cause(e) end menner as steted. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

1 YES 2XX NO

29c. LICENSE NUMBER Mugens O.C.M.E.

28e. DATE OF INJURY

OUND: 1/3/94

WATER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

31. DATE FILEO (Month, Day, Year) JAN 11 1994

8 XX Could not be

determined

27. MANNER OF DEATH

1 Neturel

2 Accident

3 Suicide

4 Nomicide

킖

BY

COMPLETED

BE

9

報報 marked.

After

DIRECTOR: hours after 28

FUNERAL ( HOSPITAL

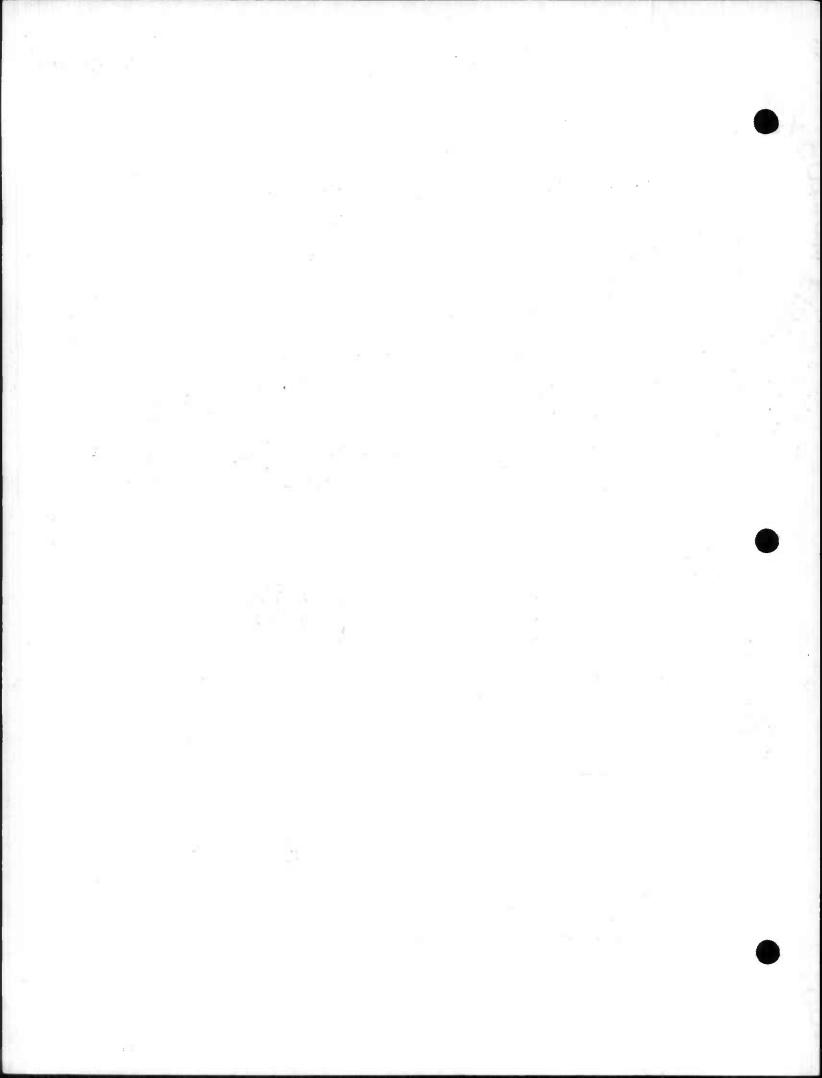
TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT. II

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OR ATTENDING

Li Danie

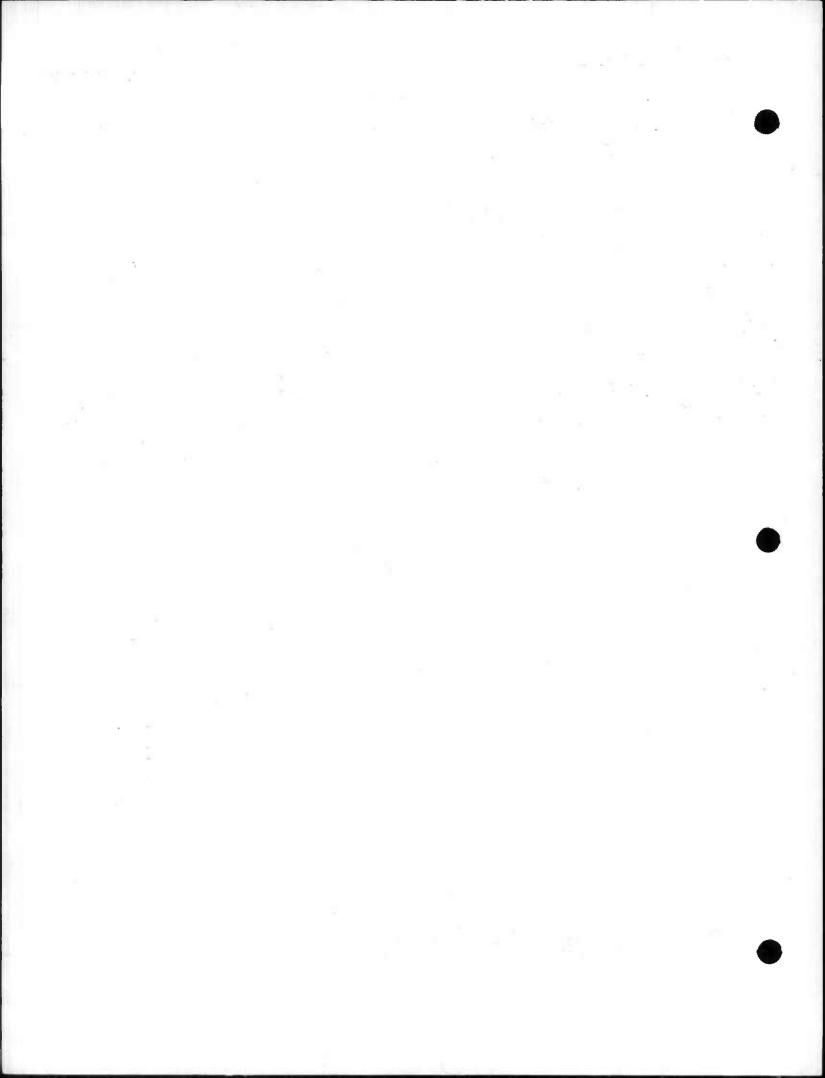


M.L.JR. Item1,g-707,1-11-94,dr

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00331

	REGISTRAR			CERTIF	ICATE (	OF DEATH		REG. NO	).	7		/
	1. DECEDENT'S NAME (First, Middle, Last)	0 - 11						E OF DEATH	MY	YEAD :	3. TIME OF DEAT	гн
	AMILE	Bell		BE	NNETT		01		3 9	4 !	5:06	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1 YO	AR IF UNDER 24 HRS.		E OF BIRTH oth, Day, Year)		8. BIRTHPI Country)	LACE (State or Fo	preign
	217-12-9150  9a. FACILITY NAME (If not institution, give s		81	YRS.			11	25_1	2		Caroli	na
R	1018 N. BROADWAY	user and number)				ALTIMORE	DEATH			NTY OF DEA	лн	
DIRECTOR	RESIDENCE OF DECEDENT								N/	A		
E	10a. STATE 10b. COUNT			200	Y, TOWN OR L					1	IOd. INSIDE CITY	r
- 1	Maryland N/	A		£	Baltir	10' ZIP CODE			I to a sur		X YES 2	NO
FUNERAL	1018 N. Broad	wav				21205			10g. CITI	ZEN OF WH	AT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDER				DECENDENT OF HISP			a or No—	14. RACE	- American India	len,
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES?				s, specify Cuban, Mexi YES 2 X NO Spec		Rican, atc.)		Specify:	white, etc. Black	
OE I	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18	Ba. DECEDENT'S (Give kind of	work done durin	PATION g most of working	16	b. KIND OF BL	SINESS/IND	USTRY		
COMPLET	Elementary/Secondary (0-12) Unknown	College (1-4 or 5		life. Do NOT u	se retired.)			IInl	- m o 11m			
N N	17. FATHER'S NAME (First, Middle, Last)			Factor	. y woi	18. MOTHER'S N	IAME (F)		nown	I.		_
	? Hamilto	n				Unkn		MIGGIE, MEIGEI	n Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		<del></del> -	19b. MAJLING	AOORESS (St	reet and Number or Rura		nber, City or Tox	wn, State, Zip	Code)	2120	5
2	Randolph Johns	on		1		efferson						
	20a. METHOO OF DISPOSITION 1 □XBurial 2 □ Cremation 3 □ Rem	oval from Stata		ACE AND DATE		N (Name of	1 /10%	TE 20c. LO	OCATION —	City or Town	ı, Stata	
	4 Donation 5 Other (Specify)	11	Mt.	- Zior	Ceme	tery		Bal	timo	re,N	1d	
	21. SIGNATURE OF I UNERAL SERVICE LIN	La	27		22. NAN	E AND ADDRESS OF I	FACILITY		1701	McC	Culloh	St
	play 1	varie	)		Cha	tman-Ha	rris	F/H	Balt	imor	e,Md2	121
CERTIFICATION	Sequantisily list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO	OR AS A CO	ONSEQUENCE O	F):	The Ca	nd or	Cas Cesk	m L	Sean		
DICAL (	PART II. Other significant condition	a contributing to	dasth but	not reaulting	In the under	lying causa given i	n Part I.	24a. WAS AF			VERE AUTOPSY FI	
20								1X YES	2   NO	C	COMPLETION DE COMPLETION DE C	
M								par	tial	1	☐ YES 2 ☐ I	NO
Ä	25. WAS CASE REFERRED TO MEDICAL							0				
SICIAN:	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (C						
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2		28b. TIN		Home 5X Residence	-	er (Specify)	INJURY OC	CURED		
	1 Natural 5 Pending	(Month, L	Day, Year)	IN.	JURY	WORK?		OTHER TOWN		JOHLD		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE ( building	OF INJURY —, atc. (Specify)	At home, farm,	street, factory,	offica		CATION (Street y or Town, State		or Rural Rou	ite Number,	
Ē	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: Yo the best of	f my knowlede	ne death occur	and at the time	deta and place, and d	un to the o	was(a) and ma		-4		
COMPL	(Check only one) 2 MEDICAL EXAMINE										ind manner as a	stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	10.				29c. LICENSE N	UMBER		29d. DAT	E SIGNEO (A	Aonth, Day, Year)	
TO BE	Denni	A Chus	Le			O.C.M.	.E.		<b>•</b> 0	)1/04,	/1994	
F	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAU				et, Baltir	more,	Maryl	and	2120	1	
	31. DATE FILEO (Month, Day, Year)	32 AEGISTR		JRE Kental				_				
	JAN 11 1994	and a	anden.	June								



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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	Page		
irs after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit	removal,	dies avamines much he madified at sees
00	filled	JU, Of	A 00
MISSITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	ENNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely		NOTANT: If Item 28 is marked as Item 22 shows any injury or other traumails event the
HOSPITAL	LINERAL	within 72	TANT IF
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	FOR 1 - STATE	STATE OF MARYLA	AND / DEPAI	RTMEN	IT OF H	EALTH :	AND I	MENTAL HYG	IENE Q	ı. n	0332
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICAT	E OF	DEAT	Ή				
	Richard P Bu	rba_Cr						2. DATE OF DEAT	DAY	YEAR 3.	TIME OF DEATH
			In yrs. last birthday)	IF UNDE	ER 1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRT	<i>D</i> 7	8. BIRTHPL	ACE (State or Fareign
	213-09-7315	1 ☑ M 2 □ F	77 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye	916	Country)	Land
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CIT	TY, TOWN O	R LOCATIO	N OF DE			NTY OF DEAT	
OR	Union Memori	al Hosptial		BAli	imore	City	Y				
DIRECTOR	RESIDENCE OF DECEDENT								10	d. INSIDE CITY	
DIR	Md Baltimore Baltimore									LIMITS?	
	10e. STREET AND NUMBER		1	u		ZIP CODE			10g. CITI	IZEN OF WHA	
FUNERAL	3544 Chesterti	ield Ave.				212	2/4			U.S.+	1 .
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13.		ENDENT OF	F HISPAN	IC ORIGIN? (Speci	ly Yas or No-	14. RACE -	American Indian,
ВУ	1 Naver Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES			<b>X</b> □XNO			i.)	Specify:	White
	15. DECEDENT'S EDUCA		16a, DECEDENT'S	USUAL (	OCCUPATIO	N		16b, KIND O	F BUSINESS/INC	NISTRY	
	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done ise retired.)	e during mos )	at of working	7				
COMPLETED			Accou	ntai	nt			Fal	con C	0	
	17. FATHER'S NAME (First, Middle, Last)	,						ME (First, Middle, M		,	
BE	Edward J. Burk	2 <b>e</b>						beth Re			
2	Mrs. Melanie M	n R						Number, City o			/
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE	OF DISPO	REAT	enti	elo	HVE.	Balto LOCATION -	City of Town.	21214 Stata
- 1	1.2 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cerns	garaen.	ther place	Y Fa	i + h	Cen	1//8	Rala.	Md	Other
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	7	22	NAME AND	D ADDDES	@ OF EAC	NI ITY			
	Montes of	mush		'	1art 7527	Ley	for	Len tu	neral Rate	Home	21234
	23. PART I. Liter the diseases, or cor	mplications that caused	the death. Do	not ente	r the mod	de of dyin	ng, such	n ee cerdiec or	reepiratory arr	rest,	Approximate
	Mock, or heart fellure. List IMMEDIATE CAUSE (Final	st only one ceuee on ea	ich line.		_						Interval Between Onset and Death
	disease or condition resulting in deeth)	Acute	Subde	MA	l A	GMOT	rho	dae			5 days
	The state of the s	DUE TO (OR AS A	CONSEQUENCE O	F):/	-11	// .	. /	1			1
ON	Sequentially list conditions,	DUE TO OR AS A	CONSEQUENCE O	Mell	W H	ema	101	Mas			yeass
CAT	If any, leading to immediate ceuse. Enter UNDERLYING	CITED SOLESTONIA		DATE O						6	
ERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	P):						- 1	
Ä	resulting in death) LAST										
AL CI	PART II. Other significant conditions	contributing to death be	at not resulting	in the u	inderlying	cause gi	iven in i		S AN AUTOPSY		RE AUTOPSY FINDINGS
MEDICAL	Heart, Susta	se ,						107	REORMED?	00	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ME	signetel M	lelletus							/	1.53	YES X NO
	Hypertans con	U								-	
PHYSICIAN:	25. WAS CASE AFFERIRED TO MEDICAL EXAMINER?	ңозрітац:		ОТНЕ		ACE OF DE	ATH (Che	ck only one)			
14S	T YES 2 NO 1	Inpetient 2 - ER/Outpe	etient 3 🗆 DOA	4 🗆 Nu	ursing Home	_	idence	8 [] Other (Specify			
	1 Matural 5 - Pending	(Morth, Day, Year)	194	JURY M	WOR	RK7	NO.	28d. DESCRIBE H	OW INJURY OU	CURED	
ВУ	2 Accident Investigation 3 Suitcide 8 Could not be	28e. PLACE OF INJURY	- At home, term,	street, ter			-	28f. LOCATION (S		or Hurel Houn	n Number
TED	4 Homicide determined	building, etc. (Speci	91 <u> </u>	_				City or Town,	Statu)		Almoni
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the beet of my knowle	edga, death occurr	ed at the	time, date	end pleca,	and due	to the cause(e) en	d menner as atal	ted.	
OM		On the beels of examination									d menner ee stated.
w	29b. SIGNATURE AND TITLE OF CERTIFIER	1.5 Xd		ĕ.,		29c. LICEN			29d. DAT	E SIGNED (Me	onth, Day, Year)
TO B	1										

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

JAN 1 1 1994

SENSE SHEET FROM

TO BE COMPLETED BY FUNERAL DIRECTOR

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

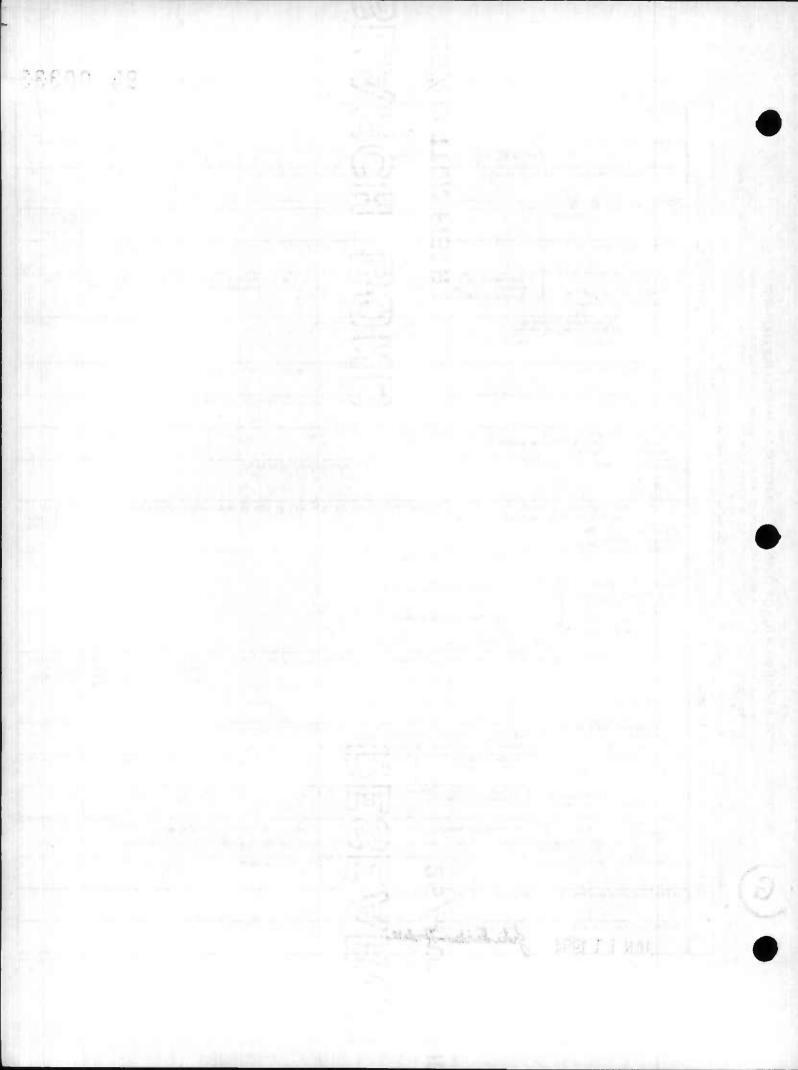
THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be funeral to the state bept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	RIA MAEB E	BOONE		MONTH	REG. NO.  2. DATE OF DEATH MONTH  TGA  3 19			3. TIME OF DEATH		
Contract of the Contract of th		E (In yrs. lest birthday) 7 YRS.	IF UNDER 1 YE MONTHS DA		7. DATE ( (Month) 4/9		8. BIRTHPLACE (State or Foreign Country) BALTIMORE, MD			
. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, 101	WN OR LOCATION OF D	EATH		9c. COUNT			
ST. AGNES HOSPITAL			BALT	TIMORE			CI	TY		
a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR L	DCATION					10d. INSIDE CITY	
MARYLAND		BALTIMORE						1 💢 YES 2 🗌 NO		
a, STREET AND NUMBER			412	101. ZIP CODE		-	10g. CITIZ	EN OF W	HAT COUNTRY?	
8 STONECROFT CT.		E659 17		21229			U	SA		
MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	S 2 NO	If ye	If yes, specify Cuban, Mexican, Puarto Rican, etc.)					Black, White, etc. Specify: AMERICAN	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)				PATION g most of working	16b.	KIND OF BUS	INESS/INDU	ISTRY	1,10	
12										
FATHER'S NAME (First, Middle, Last)	TEN NO			18. MOTHER'S NA	AME (First, M	fiddle, Maiden S	Sumame)			
ROWLAND C	CORISH CO	RNISH		VIRGI	NIA	MERRIT	TT C	CORN	ISH	
. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Str	reet and Number or Rural	Route Numb	er, City or Town	, State, Zip (	Code)		
PAMILA EASTMAN		8- 8	STONEC	ROFT CT, B	ALTIM	MORE, N	MARYL.	AND	21229	
SIONATURE OF FUNERAL SERVICE LICEN	1 / /		ECTI	E AND ADDRESS OF F	ACILITY					
2411	. User		1300	EP BROTHER  D EUTAW PL	ACE,	BALTIN	MORE,	MD.	21217	
shock, or heart failure. Lis MMEDIATE CAUSE (Final	nt only one cause on	sach line.	1300 not enter the	D EUTAW PL	ACE,	BALTIN	MORE,	MD.	21217 Approximats Interval Betwee Onset and Date	
shock, or heart failure. Lis MMEDIATE CAUSE (Final Isease or condition	nt only one cause on	sach line.	1300 not enter the	D EUTAW PL	ACE,	BALTIN	MORE,	MD.	Approximats Interval Betwe	
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MMEDIATE CAUSE (Final lisease or condition seculting in death)	DUE TO (OR A:	Shuckas A CONSEQUENCE OF	1300 not enter the	D EUTAW PL	ACE,	BALTIN	MORE,	MD.	Approximate interval Betwee Onset and Day	
shock, or heart fellure. List MMEDIATE CAUSE (Final Isease or condition esulting in death)  sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	DUE TO (OR A:	Shock Shock S A CONSEQUENCE OF S A CONSEQUENCE OF	1300 not enter the	DEUTAW PL	ACE,	BALTIN	MORE, attory arre	MD.	Approximate interval Betwee Onset and Day	
shock, or heart fellure. Lise  MMEDIATE CAUSE (Final lacease or condition esulting in death)  sequentially list conditions, any, laading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events esulting in death) LAST  ART II. Other significant conditions of the conditions of	DUE TO (OR A:	Shock Shock S A CONSEQUENCE OF S A CONSEQUENCE OF	1300 not enter the	DEUTAW PL	ACE,	BALTIN lise or respir	MORE, attory arre	MD.	Approximats Interval Betwee Onset and Date 12 240  WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
shock, or heart feilure. Lis  MMEDIATE CAUSE (Finel isease or condition securiting in death)  sequentielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated events esulting in death) LAST  ART II. Other significant conditions  i. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A:	Shock Shock S A CONSCOUENCE OF S A CONSCOUENCE OF S A CONSCOUENCE OF D but not resulting	1300 not enter the	DEUTAW PL	ACE, this cond	BALTIN lisc or respir	MORE, attory arre	MD.	Approximats Interval Betwee Onset and Date 12 240  WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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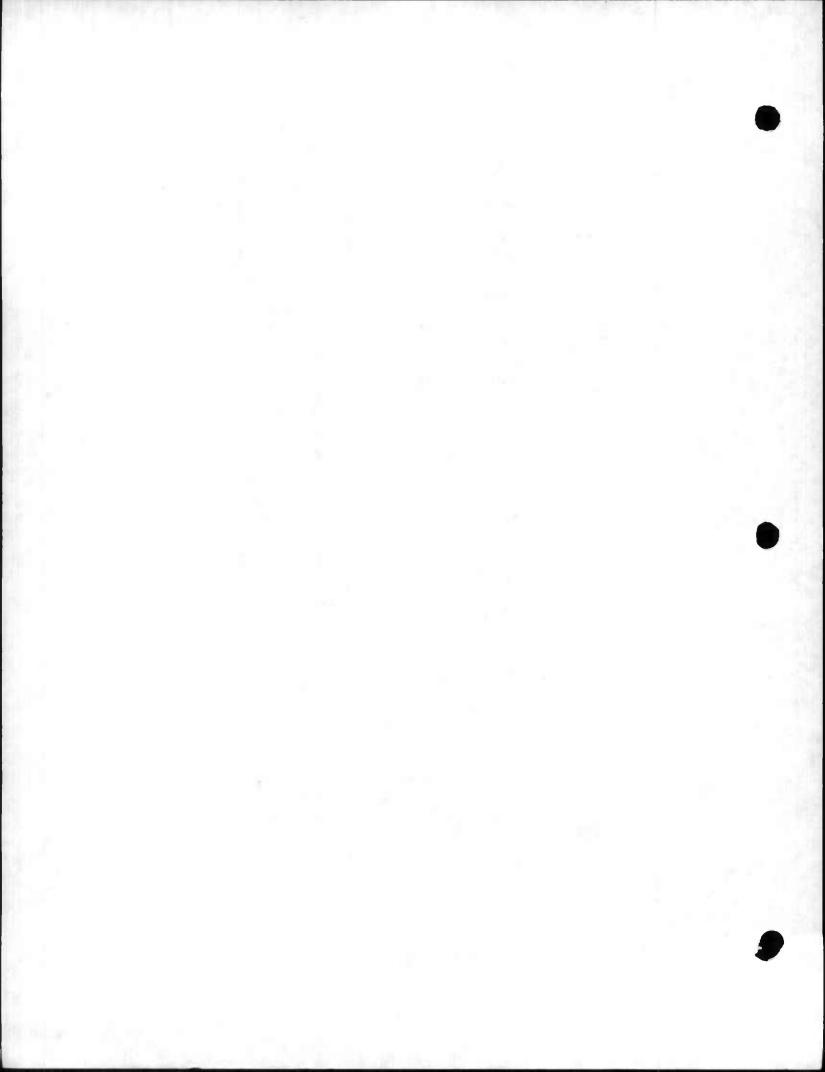
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	HOSPITAL	TO THE FUNERAL I	within 72 II	MPORTANT: II I
	TO THE	THE THE	be filed	MPOR

30. NAME AND ADDRESS OF PERSON WHO COM Francis Wiegman

Francis

31. OATE FILEO (Month, JAN

HO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

M.D.

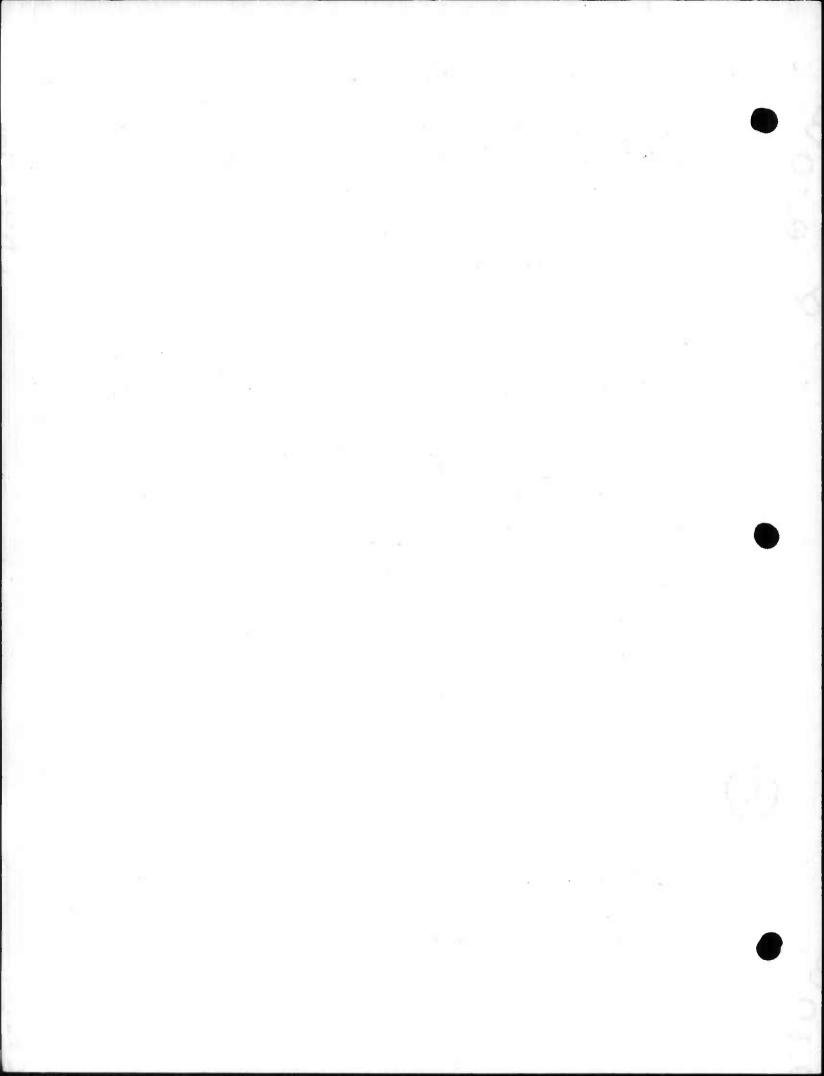
32 REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND			F HEALTH AND OF DEATH	MENTAL HYGIEN		94	0033	
3	1. DECEDENT'S NAME (First, Middle, Last)  Martin	Kevin Bra	din				MAY 9	year 94	6:30 a M	
	4. SOCIAL SECURITY NUMBER 5. 213-26-6347	SEX 6. AGE (In yrs. la  (X) M 2   F 6 3	st birthday)	IF UNDER 1 YES		7. OATE OF BIRTH (Month, Day, Year) 1 / 2 4 / 1 9		8. BIRTHPLA Country)	yland	
стов	90. FACILITY NAME (If not institution, give street 3033 Westfield				on Location of a ltimore		9c. COU	NTY OF DEAT	H .	
DIREC	10e. STATE 10b. COUNTY Maryland			TOWN OR LO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
VERAL	100. STREET AND NUMBER 3033 Westfiel	d Avenue			101. ZIP CODE 21214			ited	States	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AI FORCES? 1 ☑ YES 2 ☐ IF YES, GIVE WAR OR DATES KOrea	RMED NO	If yes	DECENDENT OF HISP, , specify Cuben, Mexic YES 2 NO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	e or No—	14. RACE — Black, W Specify:	American Indian, hite, etc.	
ETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION 16a, D	ECEDENT'S ( Give kind of w b. Do NOT use	USUAL OCCUP ork done during retired.)	ATION most of working	ION 16b. KIND OF BUSINI nost of working			WILLE	
once. COMPL	17. FATHER'S NAME (First, Middle, Last)	AME (First, Middle, Maider	Surname)	Mary	land					
TO BE COM	Matthew Martin Bradin  Claire Fay Dempsey  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Mrs. Mildred E. Bradin  3033 Westfield Avenue Baltimore, Md. 2									
	Mrs. Mildred E.  20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Ramoval 4 Donetion 5 Other (Specify)	from State 20b.PLACE	AND DATE O	F DISPOSITION	(Name of	OATE 20c. LC	CATION —	City or Town,		
the medical examiner must be	21. SIGNATURE OF FUNERAL SERVICE LICENS  MacLT.		voyna	a 22. NAM	rk Cemetery  E AND ADDRESS OF F  On ard J  O5 Harfo		nc.	e. Maryl		
t, the medical	23. PART I. Enter the diseases, or comehock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	pplications that caused the determination on a cause on each line.  Acute M	B.	ot enter the	mode of dying, su	ch as cerdiec or rasp	dratory sm	rest,	Approximate Interval Between Onset and Daeth	
other traumatic event,	Sequentially list conditions, if any, leading to immediate	All	ler o	515						
5 K	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF	):						
shows any injury, : MEDICAL CE	PART II. Other eignificant conditions of	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO?  1 VES 2 140  24b. WERE AUTOPSY FINOINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
Z Z 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
BY PHYS	1 TYES 2 NO 1 1  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	Home 5 Maaldence INJURY AT WORK?  YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCC	CURED		
TED	3 Suicide s Could not be 4 Homicide determined	28e. PLACE OF INJURY — A1 h building, etc. (Specify)	ome, ferm, st	tree1, fectory, o	office	28f. LOCATION (Street City or Yown, State		or Rural Route	e Number,	
를 리	nge)	N: To the best of my knowledge, don't he basis of examination end/or							d manner ea stated.	
MPORTANT: II	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO CO	- W			29c. LICENSE NO	569	29d. DAT	E SIGNED (MO	onth, Day, Year)	

8406 Harford Road

Maryland 21234

Baltimore,



sit permit. Pages 1, 2, 3 should

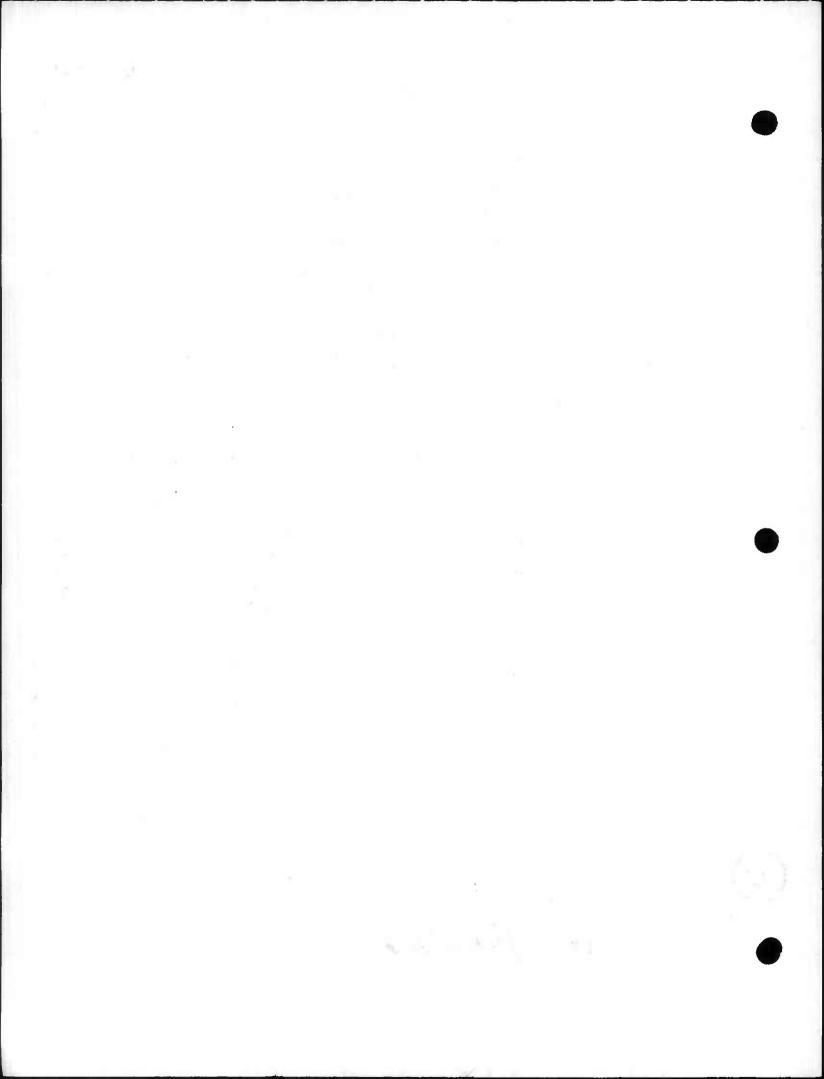
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Authority OHYSICIAN: The law renuires that the death certificate he executed within Autro after death. Pane 6 may be retained to the bosoital or attending house after the hospital or attending the bosoital or attending the security of the	e funeral director, page 5 should be detached for use as the burial-tran	To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must be notified at once.
be death certificate he executed within	the attending physician and completely filled in by the	Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DR ATTENDING PHYSICIAN: The law requires that the	DIRECTOR: After this certificate has been signed by t	iours after death with the State Dept. of Health and	tem 28 is marked, or item 23 shows any in
6	TO THE FUR HAL	ZZ uju ZZ	IMPORTANT: If I

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT	OF H	EALTH AND	) MEN	TAL HYGIEN	_	4	003	36
	1. DECEDENT'S NAME (First, Middle, Last)  Eva A. Boug	gourd					Bet	ATE OF DEATH DATH DATH	NY.	YEAR	3. TIME OF DE	A. N
	4. SOCIAL SECURITY NUMBER 215-16-7894  90. FACILITY NAME (If not institution, give str	1 🗆 M 2 💢F	yrs. last birthday) 85 YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS HOURS MIN	Ju]	July 4,1908 Maryla			PLACE (State or ry) yland	
TOR		(NAME (If not institution, give street end number)  nklin Square Hospital  Rossville									more	
DIRECTOR	Md. Balt	imore	TOWN OF							10d. INSIDE CILIMITS?		
FUNERAL	100. STREET AND NUMBER 25 Torque Way				101	21220	21220 10g. CITIZEN OF WHAT U.S.A.					?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	CENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 1 pecify Cuben, Mexican, Puerto Ricen, etc.)  \$ 2 \forall NO  Specify:				Blac	4. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)	CUPATIO	ATION 16b. KIND OF BUS				USTRY				
OMP	6th Grade 17. FATHER'S NAME (First, Middle, Last)		Home	Mak	er	18. MOTHER'S	NAME (FI	Home	Surname)			
R	19e. INFORMANT'S NAME (Type/Print)	Rumuly	ADDRESS	(Street e	nd Number or Rui	-	Known	n, Stata, Zip	Code)			
2							n, Maryland-21085					
	1 Burley 2 Cremation 3 Removal from State cemetery, cramatory or other place Cedar Hill Cemetery 1-11 Baltimore, Ma 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  6415 BElai:									Maryla		
	John C. Miller, Inc. Baltimore, M.  23. PART I Ener the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiretory erreet, ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  e. Acute CV A & Come Could M/									Approx		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  Last CV A & Come Costille M / DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other eignificent conditions	RT ii. Other eignificent conditions contributing to deeth but not reculting in the underlying cause give						n in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1  YES 2 NO			WERE AUTOPSY AWAILABLE PRINCOMPLETION OF DEATH?  1 YES 2	OR TO F CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 -NO	HOSPITAL:		OTHER	:	ACE OF DEATH						
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF	28c, INJ	RK?	-	Other (Specify) DESCRIBE HOW II	NJURY OCC	CURED	<u></u>	
I ED BY	2 Accident Investigation 3 Suicide B Could not be determined	28a. PLACE OF INJURY building, etc. (Speci	At home, term, st	reet, fecto		ES 2 NO		LOCATION (Street of City or Town, State)	and Number	or Rural I	Route Number,	
COMPLEI		CIAN: To the best of my knowled: On the basis of examination									e) end menner e	a stated.
N N	29b. SIGNATURE AND TITLE OF CERTIFIER	- M-	>			29c. LICENSE 1		/		E SIGNED	(Month, Day, Yel	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,		36	7 4	クレ	1221				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA			, -	r						

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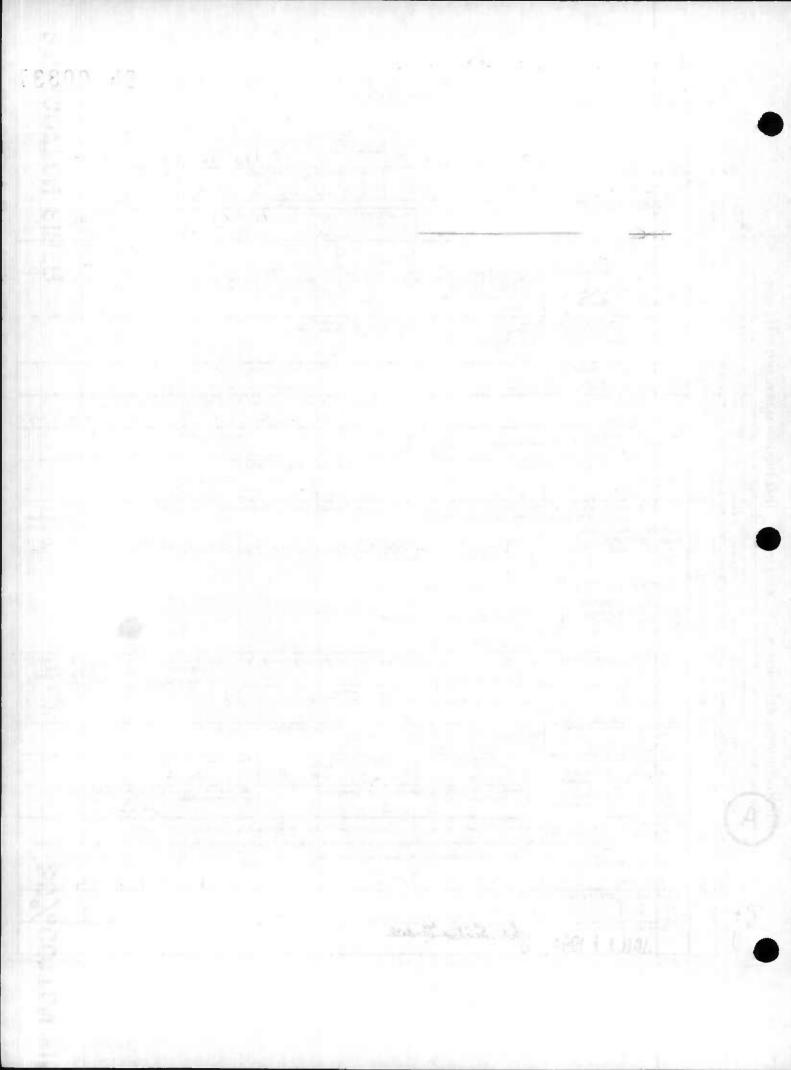
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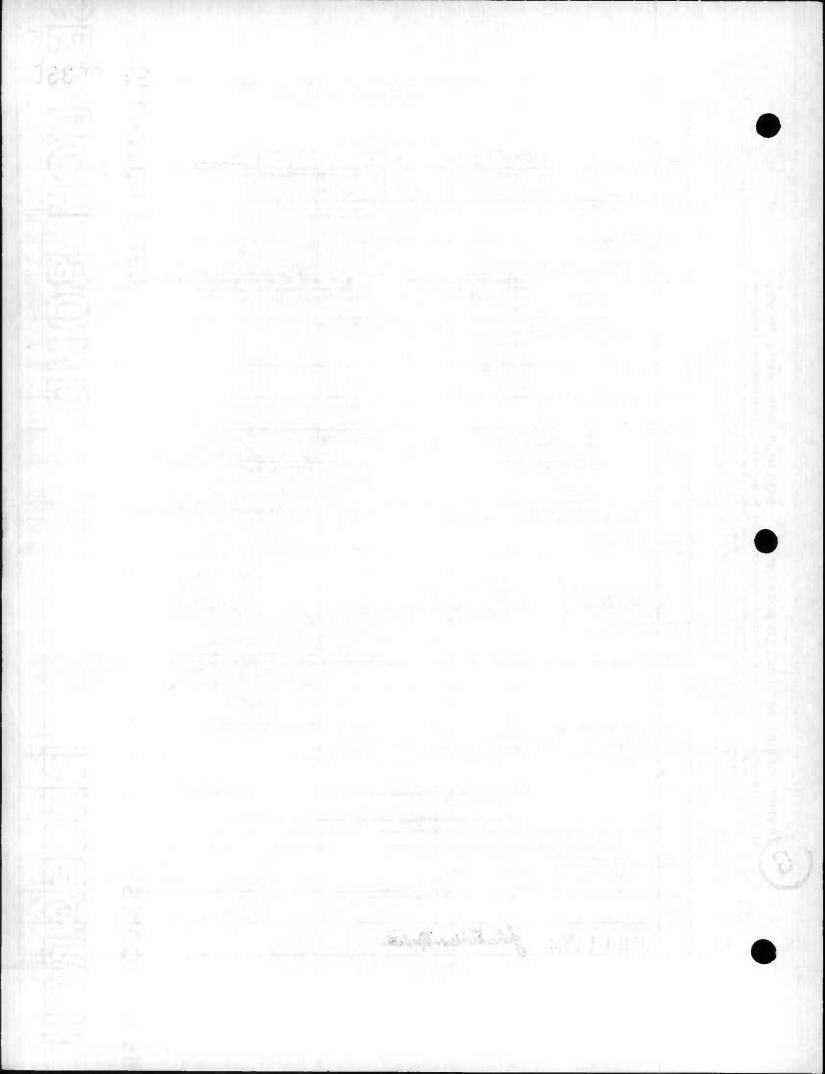
00337 94 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR MERLIN ROBERT RYANT 15.58 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH West Va. 1 M 2 | F 312-18-8381 YRS. 12.16.2 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HO> P ER FALLDOON GEN DIRECTOR FALLSTON HARFORD Pages 1, 2, 3 MD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION DISTRICT OF COLUMBIA 10a, STATE 10b. COUNT 10d. INSIDE CITY D.C. WASHING 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? PATTERSON 3605 USA burial-transit N.W. 20015 the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 2 NO BY page 5 should be detached for use as the 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Planning Department Elementary/Secondary (0-12) College (1-4 or 5+) 2 Years Senior Draftsman City of Baltimore 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname Charles Ernest Bryant Alice Hinchman 2 notified at BE Page 6 may be retained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Aditha H. Bryant 3605 Patterson Street, N.W., Washington, D.C. 20015 pe 20s. METHOD OF DISPOSITION
120 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must funeral director, Parkwood Cemetery 1/12/94 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner John C. Miller, Inc., 6415 Belair Road, Baltimore, Maryland 21206 the medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, filled in by ahock, or heart failure. List only one ceuse on each line. Interval Between 00 **Onset and Death** IMMEDIATE CAUSE (Final the disease pr condition resulting in death) and completely fi o burial, cremation 1 He COLONARY ARTEMY DIDEADE event. OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): Asmo traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury prior other the attending phy d Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the shows any 1 TYES 2 THO OF DEATH? eumo outhory 1 TYES 2 NO 6 has be. Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate h Item HOSPITAL: LER/Outpetlent 3 DOA EXAMINER? OTHER: ng Home 5 🗆 Rasidence 6 🗀 Other (Specify) 6 27. MANNER OF GEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED SE SE marked. 1 Natural MAM 1 YES 2 NO NA NA BY 2 Acciden 28a. PLACE OF INJURY — At home, term, street, factory, offica building. atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide NA NA 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. 2 👰 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSING TO THE FUNCTION BE filed with 296. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 21809 2 30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NASHU 180 BELAIR M FALLSTON MO 210 47 31. DATE FILED (Month, Dev. Year) 37 REGIST THE SIGNATURA TOTAL



	1. DECEDENT'S NAME (First Charles Ro		Bannan, S	Sr.						MONTH	ary 6	199	YEAR	3. TIME OF DEATN 6:07 P. M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (192–14–8537 1) M 2 [] F 68			6. AGE (In yrs.		MONTHS DAVE HOURS MIN			R 24 HRS.	7. DATE C	7. DATE OF BIRTH S. BIRT		S. BIRTHI	PLACE (State or Foreign	
Pi		YRS.				March 3,			1925 Pennsylvania						
3 should		9a. FACILITY NAME (If not institution, give street and number) 6531 Hilltop Avenue								9b. CITY, TOWN OR LOCATION OF DEATN Baltimore City			9c. COUNTY OF DEATN N/A		
7. 2.	RESIDENCE OF DEC	RESIDENCE OF DECEDENT													
Pages	Maryland	10b. COUNT				aty, town on Location altimore City								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
nsit permit.	6531 Hillto	6531 Hilltop Avenue							101. ZIP CODE 21206				10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
the burial-transit  BY FUNEF	11. MARITAL STATUS  1 Never Married 2 3  Widowed 4 Divo		12. WAS DECEDED FORCES?  JF-YES, GIVE	(W.)					an, Puerto R				— American Indian, , White, etc.		
use as	15. DEC	EDENT'S EDU	JCATION completed)	16a.	DECEDENT'S				ina	16b.	KIND OF BUS	SINESS/INDU	JSTRY		
e m	Elementary/Secondary (Call Carde		College (1-4 or 8		in. Do NOT	use retired.)		000 01 110110		В	ob Be	L1 For	rd		
at once.	17. FATNER'S NAME (First, M James Banna					18. MOTNER'S NAME (First, Middle, Maiden Su					Sumame) Saviei	re			
5 should notified TO B	19a. INFORMANT'S NAME (										er, City or Tow	n, State, Zip	Code)	3.725711.9	
be not	1031 HIII top Avende, Barchiore, Maryland 212														
must b	20c. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of competent, cremation of their (Specify)  4 Donation 6 Other (Specify)  20c. LOCATION - City or Town, State  4 Donation 6 Other (Specify)  HOLY Redeemer Cemetery  1/8/94  Baltimore, Maryland														
examiner	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME A	ND ADDRE	SS OF F					7	
	1 Kart	Tue	m. her	rober								more,	Mar	yland 21206	
attentioning projected and competerly meet in 59 of the training projects build, remation, or remover, or other traumatic event, the medical CERTIFICATION	immediate cause (Fir disesse or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or Injuthat initiated events resulting in death) LAS	tiona, dilate iNG	a. Carous Tour Tour Tour Tour Tour Tour Tour Tour	MCPE  O (OR AS A CON)  O (OR AS A CON)	SEQUENCE OF THE SECUENCE OF	bile  pri: pri:	ret na	lact	tos	es,	as	citi	·S	Interval Batween Onset and Death	
0 9 3	PART II. Other algnifica	ent conditio	na contributing to	death but no	t resulting	in the u	nderiyin	ng ceuse	given ir	n Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
hows any MEDIC	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given								PERFORMED?  AMAILABLE P COMPLETION OF DEATH?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
the State Dept.  1, or item 23 s HYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (C	heck only one	)				
d, or iten HYSIC	1 VES 2 NO 27. MANNER OF DEATN		1 Inpetient 2	F INJURY	26b. TI	ME OF	28c. IN.	JURY AT	asidence	6 Other	(Specify) CRIBE HOW I	NJURY OCC	URED		
death with	2 Accident	Pending Investigation		Day, Year)		M	1 🗆	YES 2 [	NO						
E 8	3 Suicide 6 4 Homicide	Could not be determined		OF INJURY At I, etc. (Specify)	home, farm,	, street, fac	tory, offic	ca			ATION (Street in Town, State)		or Rural A	oute Number,	
FUNERAL DIRECTOR: within 72 hours after TANT: If Item 28 i COMPLETED	one)		ER: On the best of											and manner se stated.	
BE See	29b. SIGNATURE AND TITLE	OF CERTIFIE	dol	has				- 4	ENSE NO	I OS				(Month, Day, Year) Y 6, 1994	
2 = 2	30. NAME AND ADDRESS O						7,57	anuc	D-	1+1-	ro M-	2777		1215	
+	31. DATE FILED (Month, Day,	Year)					AVE	eriue,	. Dd.	тсціо	Le, Ma	тAтgi	.iu 2.	1213	
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)	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frours after death. Page 6 may be rete	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
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	2	23	Y

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00339 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 6 DAY 1994 Dennis Crosby 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Morith, Day, Year) 5-17-1926 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F MONTHS DAYS HOURS MIN. YRS. 219-18-3200 Arkansas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2420 Arunah Avenue Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Md Baltimore FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE USA 2420 Arunah Avenue 21216 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Ric 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Will Crosby Easter Harvey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2420 Arunah Avenue Baltimore, Md 21216 Frances Crosby 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Loudon Park Cenetery 11294 4 Donetion 5 Other (Specify) Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
March F/H West 4300 Wabash Avenue Baltimore, Md 21215 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory strest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Cebrovascular accident 1 moxtu OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Renal Endstoge Disease COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

5. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (Check only one)						
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA		OTHER: 4 □ Nursing Home 5 Residence 6 □ Other (Specify)		6 Other (Specify)		
7. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. Till IN	ME OF JURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. OEȘCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

2 MEDICAL EXAMINER: On the besid of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

033523 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

► 1/10/94 Balhmon MO 21287

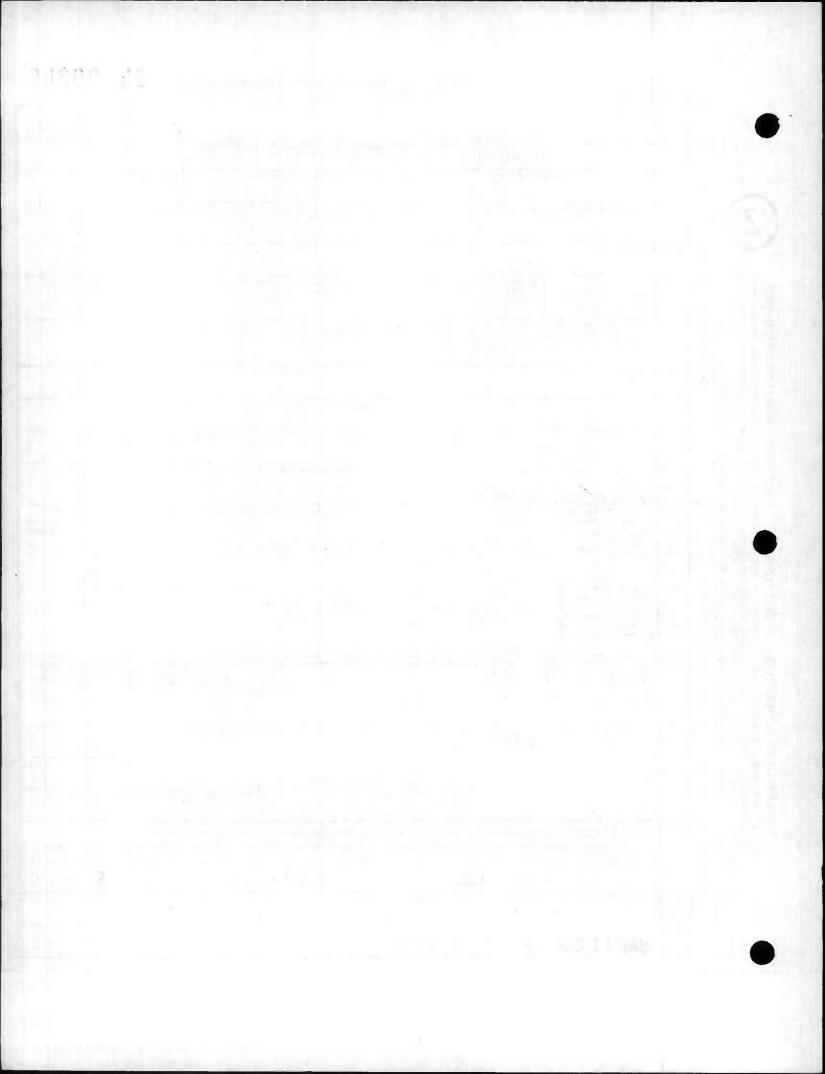
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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
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1. DECEDENT'S NAME (First, Middle, Last) CHENOWITH 2. DATE OF DEATH -94 3. TIME OF DEATH Chenowith 1444 Ethel Jan 7:30 P m 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 F 219 34 6769 56 9-27-1937 Maryland 9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore na RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore na 1 YES 2 NO 10e. STREET AND NUMSER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22 Athol Street/IrvingtonKnollN/H USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced NO White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ John King BE Ethel Myrtle notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 William Chenowith Baltimore, MD Rd, Joppa be 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 In
4 XDonation 6 Other (Reach) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must cemetery, crematory or other place) 21. SIGNATORE OF UNERAL SERVICE LICENSE Onald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board examiner 23 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, 655W.BaltimoreSt, Balto, MD 21201 medical Approximate ahock, or heart failure. List only one ceuse on each line. Interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** # disease or condition Subarachnoid Hemorrhage weck event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Hydrocephalus traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Gastrointestina DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 20 PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL Diabetes Mellitus any 1 TYES 2 NO OF DEATH? erebrovascular Accident shows 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO patient 2 ER/Outpatient 3 DOA 10 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 6 Pending M 1 YES 2 NO BY 2 Accident 28e, PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is COMPLETED 6 Could not be TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE TO THE WITHIN 72 hours at IMPORTANT: If I tem 2? 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 041365 Wicks III Jan 5, 1994 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) George E. Wicks III 2600 Liber 31. DATE FILED (Month, Day, Year) A. REGISTRAR'S SIGNATURE MAN 1 1 1994 This tender Render



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The state of the s	BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Frours after death. Page 6 may be retained by the hospital or attending physical or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) LEE		CAMERON	2. DATE OF DEATH 1-6-	9 1 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.  HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 - 3 1 - 19 0 7	8. BIRTHPLACE (State or Foreign Country)  Marvland		
DIRECTOR	9s. FACILITY NAME (if not institution, give street and number)  Sinai Hospital  RESIDENCE OF DECEDENT	Baltimore		na			
REC	10e. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY		
	Maryland na	Balt	imore		1 YES 2 NO		
FUNERAL	2434 W. Belvedere Avenu		101. ZIP CODE 2 1 2 1 5	10g. CI	USA		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPAI If yee, specify Cuben, Mexico 1 YES 2 NO Specifi		14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEOENT'S US (Give kind of work life. Do NOT use re	done during most of working	Merchand:			
MC	17. FATHER'S NAME (First, Middle, Last)		18 MOTHER'S NA	ME (First, Middle, Malden Surname)			
Ö	Charles Cameron		_	trat, more, material			
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town, State, 2	Zip Code)		
2	Richard Cameron	2322 S	.ArlingtonRi	dgeRd, Arling	gton VA22202		
	1 Buriel 2 Cremation 3 Removal from State 4 Sonation 8 Other (Specify)	b. PLACE AND DATE OF C metery, crematory or other	place)		- City or Town, Stata		
	21. SIGNATUME OF FUNDMAL SERVICE LICENSEE ROnald	Wade, Dir		cur State Ana noreSt,Balto	_		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF):  A CONSEQUENCE OF):			Onset and Death		
	DATE II Other leville and a second se	d					
PHYSICIAN: MEDICAL	PART II. Other algorificent conditions contributing to deeth 12eral Fayure	ne underlying ceuse given in	Part I. 24a. WAS AN AUTOPS' PERFORMED 11 YES 2 ANO	Y  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (CA	eck paly one)			
SIC	EXAMINER? HOSPITAL: 1 \$\frac{1}{2} \text{ Input int } 2  \text{ ER/Out}		THER:				
ву РНУ	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  Noturel 5 Pending  28c. INJURY AT WORK?  NOTURE OF INJURY OCCURED  WORK?						
	2 Accident	Y — At home, farm, streedly)	et, factory, offica	28t. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examination						
TO BE C	SIGNATURE AND TITLE, OF CERTIFIER  WE THEN THE TITLE OF CERTIFIER		29c. LICENSE NU		ATE SIGNED (Month, Day, Year)		
-	and Address of Person who completed cause of D ames C. Hernon Single	Hospital &	of Baltimon				
1	31. DATE FILED (Month, Day, Year)  32. Broistran's Sig	NATURE Some Rendered					

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hos	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ter d	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be fied within 72 hours after death, with the State Dept., or Health and Mental Hygiene prior to burial, cremation, or removal.	9 6
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	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			E OF DEATH	REG. NO.  2. DATE OF DEATN MONTH A DAY	YEAR 3. TIME OF DEATH	
- 1			3RN/K		1/10/	94 744 A	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	s. last birthday) IF UND WONTHE	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country)	
	214-12-1477  9a. FACILITY NAME (If not institution, give s			TY, TOWN OR LOCATION OF D	41/9	Maryland	
-	En ISTA		- rp	EAN / CTT	S Ve. Ci	HAD KIRA	
DINECTOR	RESIDENCE OF DECEDENT	erejore Hi	00.	HLL3 10		7171790700	
	Monry Lond 10b. COUNT	v Harford	10c. CITY, TOWN			10d. INSIDE CITY LJMITS?	
	Maryland I	lariord		White Hall	I 40- 6	1 TYES 2 NO	
LONEDAL	3017 Duncan Road	1		21161		U.S.A.	
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S			NIC ORIGIN? (Specify Yes or No-		
10	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES	□NO	If yes, specify Cuban, Maxic 1 YES 2 NO Speci	en, Puerto Ricen, atc.)	Specify: White	
	15. DECEDENT'S EDU		. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINESS/		
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work don life. Do NOT use retired	e during most of working			
COMPLEIED	N/A	N/A	Stevedo	re	Cargo Co	).	
5	17. FATHER'S NAME (First, Middle, Last)	Tallsendon		and the same of th	NAME (First, Middle, Meiden Surname)		
	James Anthony (	Cernik		Marth			
5	190. INFORMANT'S NAME (Type/Print)  Ruth A. Cernik (wife)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3017 Duncan Rd., White Hall, MD 2116:						
		()					
	12 Burial 2 Cremation 3 Rem	206. METHOD OF DISPOSITION  206. NETHOD OF DISPOSITION (Name of Location 3   Removal from State 206. PLACE AND DOATE OF DISPOSITION (Name of Location 3   Competery, cremetory or other piece)  206. PLACE AND DOATE OF DISPOSITION (Name of Location 3   DATE   Location 3   DATE   Location 3   DATE   Location 3   DATE   Location 4   DATE   Location 3   DATE   Location 3   DATE   Location 3   DATE   Location 4   DATE   Location 4   DATE   Location 5   DATE   Location					
	21. SIGNATURE OF FUNERAL SERVICE LI			2. NAME AND ADDRESS OF F		runi, rib	
	· 11-1 111.			Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236			
	the F	all		9/05 Belair	Rd., Baltimore	e, MD 21236	
	23 DART I Enter the diseases or	complications that sourced the	death Do not est	or the made of dutes an			
	ahock, or haart fallure.	complications that caused the List only one cause on each	e death. Do not anti-	er the mode of dying, au-	ch as cardiac or reapiratory	arreat, Approximate Interval Between	
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	complications that caused the List only one cause on each	death. Do not antiline.	er the mode of dying, au		arreat, Approximate Interval Between	
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THISICIAN: MEDICAL CE	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	a. DUE TO (OR AS A COM  DUE TO	NSEQUENCE OF):  NSEQUENCE OF):  NSEQUENCE OF):  OTHER SOLUTION OTHER SOLUTION OF THE SOLUTION	Terrosclasor  Terrosclasor  Terrosclasor  26. PLACE OF DEATN (CER: uraling Nome 5 - Residence	Part I. 24a. WAS AN AUTOPOPERFORMED?  1  YES 2 NO	Approximate Interval Betwee Onset and Dest  24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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CAL CE	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	B. DUE TO (OR AS A COME	NSEQUENCE OF):  NSEQUENCE OF):  NSEQUENCE OF):  NSEQUENCE OF):  OTHINGS IN THE OF INJURY M	underlying cause given in  26. PLACE OF DEATN (C ER: uraing Nome 5 Residence  28c. NUJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AUTOPS PERFORMED?  1	Approximate Interval Betwee Onset and Dest Onset and Dest Onset and Dest Onset and Dest Onset and Dest Onset and Dest Onset and Dest Onset	
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PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3313 Walter Hepner, Paper Mill Rd., Phoenix, MD III, 21131

31. DATE FILED (Month, Day, Ye JAN 1.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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00343 94 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 01 der. CARR 04 5:50 Рм di JR 6. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 213-92-1379 DAYS HOURS 1 M 2 - F YRS. m Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 900 BLOCK OF VALLEY STREET BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ma 10 ermit. 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 21213 AVC VICW 600 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II was anacify Cuben, Mexican, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 1 TYES 2 NO Specify: ΒY Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecity only-highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) (0-12) College (1-4 or 5+) wdeni 17. FATHER'S NAME (First, 18. MOTHER'S NAME (First, Middle, Malden Surname) THE ST hion BE JenKi notified 19e. INFORMANT'S NAME (Type/Print) 2 2 Ani cw pe METHOD OF DISPOSITION
Burlel 2 Cremetion 3 Rem 20c. LOCATION - City 20b. PLACE AND DATE OF DISPOSITION (Name of OATS MUST ☐ Donation 5 ☐ Other (Specify) \_ examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter tha diseases, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or reapiratory arrest, shock, or haart fallure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Le resulting in death) QUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Reeldence 8X Other (Specify)STREET 6 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending investigation 5:49P M 1 YES 2 NO 01/04/94 BY SUBJECT WAS SHOT 2 Accident 28e. PLACE OF INJURY — At home, building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 99 ETED Sulcide 8 Could not be 4 Homicide determined STREET 900 BLOCK OF VALLEY STREET TO THE HOSPITAL OR A
TO THE FUNERAL DIRE
De filed within 72 hours
IMPORTANT: If Item item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, COMPL 2 MEDICAL EXAMINER: On death occured at the time, date end place, 296. SCHALTURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE

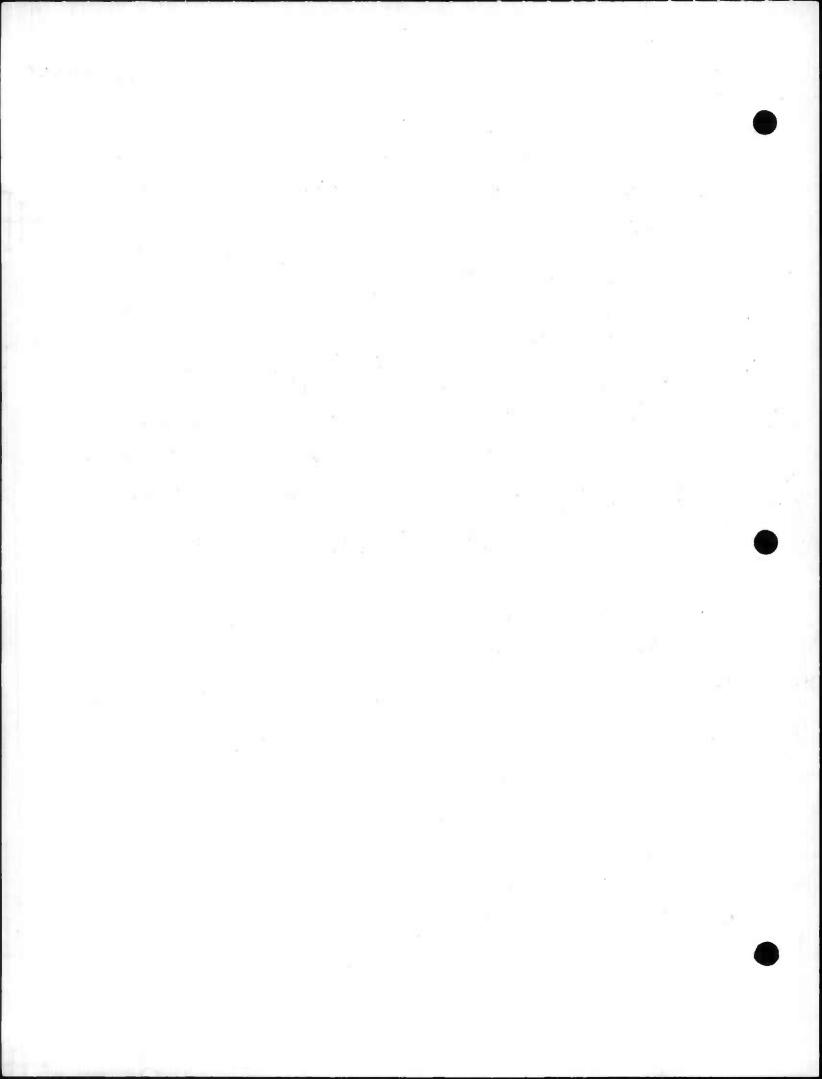
P HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Locke

C.M.E

Street

Baltimore. 21201 Maryland

31. DATE FILED (Month, Day, Year) 32. REDISTRAR'S S 01/05/1994



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AVVERAHALLI MIARROLLI RISPA

AVVERAHALLI

31. DATE FILED (Month, Day, Year)

JAN 11 1994

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**BALTIMORE, MARYLAND 21215-0020** 

TO THE FUNERAL OR ATT (CIVIL)
TO THE FUNERAL DIRECTLY
De filed within 72 hours mit of
IMPORTANT: If Item 28

DIVISION DE VITAL RECORDS, P.O. BOX 68760,

					DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARY	EL12ABE	TH	CHEC	RERY	2. DATE OF DEATH DAY	1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215- 14- 4168	5. SEX 8. AGE (In		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 12 20	Ba 1	
TOR	9a. FACILITY NAME (If not institution, give Liberty RESIDENCE OF DECEDENT				ltimore		n/a	
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT	ltimore			10d. INSIDE CITY VLIMITS? 1 YES 2 N
FUNERAL	100. STREET AND NUMBER 717 Drui	d Lake Park D	r.	101	. ZIP CODE	1217		WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Yes or N in, Puarto Rican, etc.)	lo— 14. RAC Blac Spec	CE — American India: ck, White, etc. city: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S Us (Give kind of wor life. Do NOT use	rk done during mo retired.)		166. KIND OF BUSINES	SS/INDUSTRY	Brack
COM	17. FATHER'S NAME (First, Middle, Last)			Dom		ME (First, Middle, Maiden Surna		
BE	19a. INFORMANT'S NAME (Type/Print)	amuel Stone	TOP MAILING A	ADDESS (Charles	and Manhau an Ouri	Hat' Route Number, City or Town, Ste		e Pryor
2	Catherin	e Tucker				Baltimore, M		d
	26a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Ren	206.1	DISPOSITION (Na		DATE 20c. LOCATIO	ON — City or T	Town, State	
100	21. SIGNATURE OR FUNERAL SERVICE LI	CENSEE CONS	22. NAME AN	RDEN  ID ADDRESS OF FA  NORTH AVE	WILLIAM C. M Ave. Balto	Brow		
- 1		A						
	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on ea a	ch line.	t enter the mo	de of dying, suc			Approxima interval Be
RTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disesse or condition	a	ch line.	t enter the mo	de of dying, suc			Approxima interval Be
EDICAL CERTIFI	shock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A D	CONSEQUENCE OF):	t enter the mo	de of dying, suc	h ss cardlec or respirator	ry srreat,	Approxima interval Be Onset and Onse
MEDICAL CERTIF	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	a DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A D	CONSEQUENCE OF):	t enter the mo	de of dying, suc	h ss cardlec or respirator  Part I. 24a. WAS AN AUTO PERFORMED	ry srreat,	Approxima interval Be Onset and Onse
MEDICAL CERTIF	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	the underlying	de of dying, suc	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2	ry srreat,	Approximatintarval Be Onset and Onse
HYSICIAN: MEDICAL CERTIFI	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II, Other significant conditions.	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in	the undsrlying  28. Pt  OTHER:    Nursing Hom  OF   28c. INJ	de of dying, suc	Part I. 24s. WAS AN AUTO- PERFORMED  1 YES 2	OPSY 24	Approxima interval Be Onset and Onse
BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	a	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in  At home, farm, str.	the undarlying  26. Pt  OTHER:  Nursing Hom  OF  WO  1 1 1	g cause given in  ACE OF DEATH (Ch.  S S Residence  URY AT  PKS 2 NO	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 A	OPSY 24 ND 24 TY OCCURED	Approxima interval Be Onset and Onse
PHYSICIAN: MEDICAL CERTIFI	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 1 Natural 2 Accident Investigation 3 Suicide 6 Could not be detarmined.	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF):  CONSEQUENCE	the underlying  26. Pt  OTHER:  Nursing Hom  OF  M  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in  ACE OF DEATH (Ch  S Residence URKY YES 2 NO  a  and place, and due	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 A A AUTO PERFORMED 1 YES 2 A A AUTO PERFORMED 1 YES 2 A A AUTO PERFORMED 1 YES 2 A A A A A A A A A A A A A A A A A A	OPSY 24 PRY OCCURED	Approxima interval Be Onset and Onse

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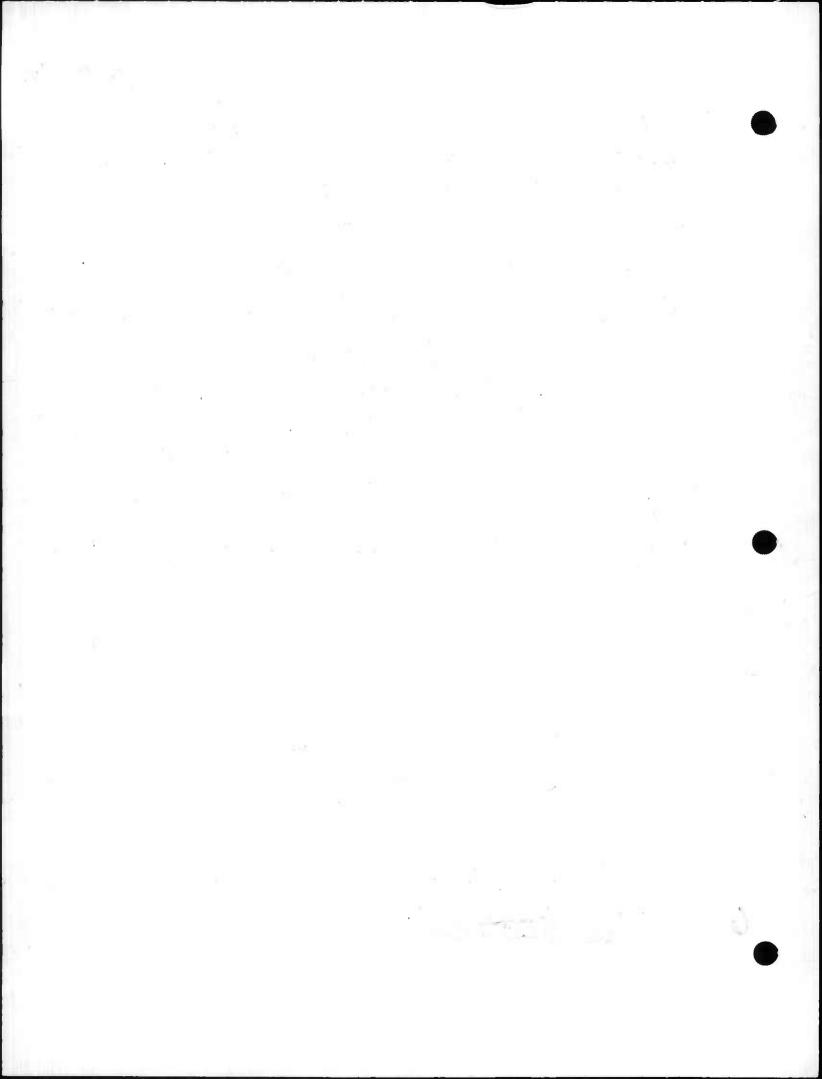
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ALL SE TRACE, BETT THEUD HE 

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	5.	Coll	line		2. DATE OF DEATH	- 94 PAR	3. TIME OF DEATH		
_		4. SOCIAL SECURITY NUMBER 239-46-1236	5. SEX 6. AGE (III		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Magth, Day, Year)	8. BIFTT	HPLACE (State or Foreign		
2, 3 should	стов	9a. FACILITY NAME (If not institution, give	munt s	57	b. CITY, TOWN	MOVE	City	9c. COUNTY OF D	DEATH		
Pages 1,	DIREC	RESIDENCE OF DECEDENT  100, STATE  10b, COUNTY		10c. CITY, 1	TOWN OR LOCAL	TION 2.52P)	-0		10d. INSIDE CITY LIMITS?  1 YES 2 NO		
sit permit.	JAF	100. STREET AND NUMBER 3915 MAINE	Ave		101. ZIP CODE 109. CIT				WHAT COUNTRY?		
5-0020 nding physician. Is the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO							
or atte	ETED B	15. OECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT'S US (Give kind of wor	k dong during me		18b. KIND OF BUS	SINESS/INDUSTRY	MCL		
AND 2. the hospital of detached for once.	COMPLI	Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	CAB	DRI	Vero	ME (First, Middle, Melden	Summers 8			
# E E	B	Pa. INFORMANT'S NAME (Type/Print)	Collins	Land Man Min of	-	Ber	Tha 1	ed ley	,		
be re	5	Mrs. Daris	Collins	3915	main	ne AVE	Poute Number, City or Tow	nove M	12/207		
e 6 m		20a. M57HOD OF OISPOSITION 1 Brantal 2 Cremation 3 Remote A Donalion 5 Other (Specify)	over from State	PLACEAND DATE OF	place	Cem	18 B/	CATION — City or To	own, Sland		
death. Pe funeral		OSUM O	1. Russ		JOSE DOSO	ND ADDRESS OF A	th A.E. B	PAINT	me md 21211		
Ed with hours after ompletely filled in by the cremation, or removal		23. PMT I. Enter the disease, or conduct, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	LIVER (	ch iina.	4		ARY a UN		Approximete Intervel Between Onset and Death		
OX 6876  e be executed sician and contribute to bunial, traumatic en	TION										
n certificat nding phy Hygiene p	CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	CDUE TO (OR AS A CONSEQUENCE OF):								
the deat y the atte of Mental		PART II. Other significant condition	s contributing to deeth bu	t not resulting in	the underlyin	g cause given in	Part i. 24a. WAS AN PERFOR		. WERE AUTOPSY FINDINGS		
w requires that been signed by tr. of Health and shows any is	MEDICAL						1   YES 2		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
AL has bed	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCBITAL			LACE OF DEATH (Ch	eck only one)				
SICIAN: The certificate the State	IYSI	1 TYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Oulpe 28s. DATE OF INJURY				6 Other (Specify)				
ON OF DING PHYSIC Affer this ce death with th	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WC	PRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
TTENDI TTOR: A after d	ED	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, alc. (Specif	— At home, ferm, atre	el, fectory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
보 국 전 도	COMPLET	000)	CIAN: To the best of my knowle R: On the bests of examination						a) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 th IMPORTANT: If I	BE	296. SIGNATURE AND TITLE OF CERTIFIER	n Dan	~~		29c. LICENSE NUI	4BER 7 0 ) /	29d. DATE SIGNED	(Month, Day, Year)		
/	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr.	int) W S7	# 705	BALTIM	WRE M	D 21201		
4		JAN 11 1994	A PION SET		1	W 3-7	A-11- (1 (				



STATE OF MAR	YLAND / DEPARTMENT CERTIFICATE	MENTAL	HYGIENE REG. NO.
		A DATE O	C DEATH

	REGISTRAR	RITIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lust)  John Joseph Chies,	Jr.	January 5, 19	3. TIME OF DEATH 4:45 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last t	irthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	BIRTHPLACE (State or Foreign Country)
	212-26-9844 1 M 2 F 65  Sa. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 11/20/1928	Maryland
٩		96. CITY, TOWN OR LOCATION OF DE Baltimore (Cur	tis Bay) NA	JNTY OF DEATH
CIC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		CIS Day)   NA	
DIRECTOR	Maryland NA	Baltimore (Cur	tis Bay)	10d. INSIDE CITY LIMITS?  1)XX YES 2 NO
		10f. ZIP CODE		FIZEN OF WHAT COUNTRY?
FUNERAL	4703 Pennington Avenue,	21226		USA
			n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.
D BY		^		White
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	EDENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.)	General El	
MPI	9th Grade Reti	red Factory Worker	(Locke Ins	
		Sr. Cathe	ME (First, Middle, Maiden Sumame)	Chies
98E	19a. INFORMANT'S NAME (Type/Print) 19b.	MAILING ADDRESS (Street and Number or Rural F		
TO	Mr. William L. Chies	260 Scotts Manor Dr		
	29a, METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Removal from State  1 Disposition 5 Other (Specify)  20b. PLACE AN Squitering Company Com	pdate of disposition (Name of tory or other place) ross cemetery 1/8/	DATE 20c. LOCATION -	- City or Town, State
		Ecker 33. NAME AND ADDRESS OF FA	al Home of Bro	re, Maryland
	X-102	237 F. Patans	al Home of Bro co Ave., Balto	oklyn ., Md. 21225
	23. PART I. Enter the diseases, or complications that caused the deal shock, or heart failure. List only one cause on each line.	h. Do not enter the mode of dying, such	as cardiac or respiratory as	rrest, Approximate
	IMMEDIATE CAUSE (Final	7. ( ( )		Interval Between Onset and Death
	resulting in death)  a. (\( \) rounce (\)  DUE TO JOR AS A CONSEQUE	ena Failu		1
NO	Sequentially list conditions,	arcinoma	With Obs	tructon
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	ENCE OF):		
TIFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQU	ENCE OF):		
CER	resulting in death) LAST			
DICAL		1 + 1	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC	Iteinless Myocarlia	I futceret	1 TES 2 DATE	COMPLETION OF CAUSE OF DEATH?
M			-	1 TYES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Che	ick only one)	
PHYSICIAN	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3			
	1 Natural 5 Pending (Month, Day, Year)	28c. INJURY AT WORK?  M 1 YES 2 NQ	28d. DESCRIBE HOW INJURY OF	CCURED
D BY	3 Suicide 6 Could not be 28e. PLACE OF INJURY At home building, atc. (Specify)	, farm, street, factory, office	281. LOCATION (Street and Number City or Town, State)	or or Rural Route Number,
ETE	4 Homicide determined			
COMPL	20. CERTIFIEN  (Check only one)    MEDICAL EXAMINER: On the basis of gramination and/or inc.			
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUM		TE SIGNED (Month, Day, Year)
OB	Thetad Zhoor	D Do		Co- Jan-94
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM			
	Dr. Richard E. Fisher, M.D. 4	710 Pennington Ave.	, Baltimore, M	aryland 21226
-	JAN 10 1994			

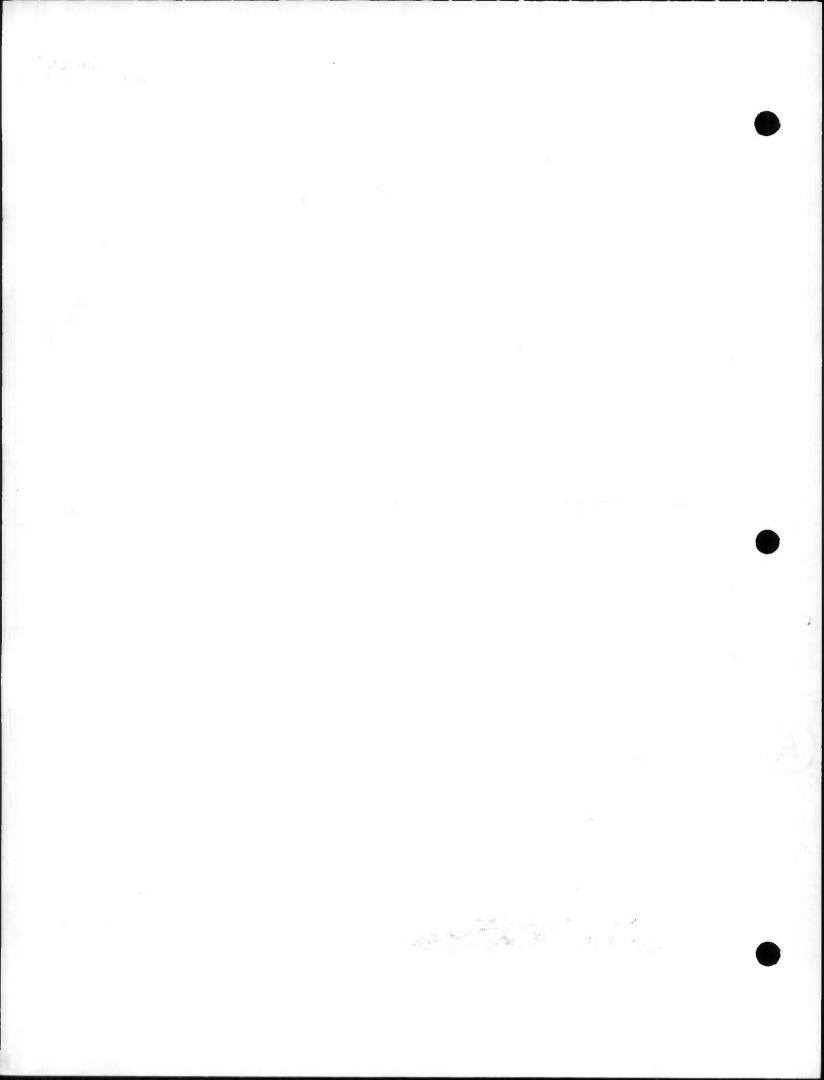
Dept. - year

)	THE HOSPITAL OR ATTRIBUTE PRESIDAN. The law requires that the death certificate be executed within. Flours after death, Page 6 may be retained by the hospital or attending physician.	THE FAINTER LIPRICIDE. After this confidence as the burial-transit permit, Pages 1, 2, 3 should	Hed within 1/2 hours after death with the State Dept. or Heath and Mental Hydrene prior to burlet, cremotal, or removal.	ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	日末十	THE F	se filled as	MPORT

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

				-		111 10711	_ 01	044		neg. NO	•		
	1. DECEDENT'S NAME (First,	0	. /							2. DATE OF DEATH DATE DO	AY ,	YEAR	3. TIME OF DEATH
	Virgie		Fraham	0						1-8-9	4		/ 17 M
	4. SOCIAL SECURITY NUME		5. SEX	`	yrs. last birtl	MONTHS	R 1 YEAR	IF UNDES	9494	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (Stata or Foreign ry)
	212-40-7		1 M 2 F	3	36 Y	RS.	Jan.15,190						t Virginia
l «	9a. FACILITY NAME (If not in						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH	
DIRECTOR	AESIDENCE OF DEC	1stor	Genera	1 Ho	spit	al F	2//5	ton			Harford		
<u>m</u>	10a. STATE	10b. COUNT				c. CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
12	Md.	Ha	rford			I	Edge	woo	d				LIMITS?
A P	10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	2013 Bay	berry	Road					21	040			USA	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1		U.S. ARMED	13.	WAS DE	CENDENT (	OF HISPANIC	ORIGIN? (Specify Yas Puerto Ricen, etc.)	or No-	14. RACE	E — American Indian, k, Whita, alc.
ВУ	1 Never Married 2 3 3 Wildowed 4 Divo	Married	IF YES, GIVE V		ES				Specify:	r derito riceit, etc.)		Speci	
		EDENT'S EDU	ICATION	1	18. DECED	ENT'S USUAL O	CCUBATI	ON		16b. KIND OF BUS	004500 (D)	DUCTON	WIII 00
ETE	(Specify online Elementary/Secondary (0	y highest grade	completed)		(Give kit	nd of work done	during me		ng	166. KIND OF BUS	SINESS/INI	JUSTRY	
1	9th	-12)	College (1-4 or 5	''		House	wif	e					
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NAMI	E (First, Middle, Maiden	Surname)		
BE C	Omer W	ilsor	1						E	sma Fitz	wate	er	
TO B	19a. INFORMANT'S NAME (7	ype/Print)								ute Number, City or Tow			
-	Mabel M		ıs		20	)13 Ba	aybe	rry	Roa	d Edgewo	od 1	Md.	21040
	20a. METHOD OF DISPOSIT  1 Burial 2 Crematic  4 Donation 5 Other	iON n 3 ☐ Ram	noval from Stata	cemet	tery, cremator	OATE OF DISPO	)			1	CATION -	2.4	
	4 Donation 5 Other			Ho1	lly F	li11 (	eme	ter	y 1/	<u>10/94 Ba</u>	lti	more	MD.
	21/SIGNATURE OF FUNERA	A A	CENSEE	11	1					un eral Hom	10 0	e Fc	COV
	Cannel	ut	unila	UA	ton		200	Mag	0 737	0 Ra1+i	more	o MT	
	23. PART I. Enter the d shock, or h	seesae, or	complications the	t caused t	the death.	Do not ente	r the mo	de of dy	Ing, such	ae cardiac or respi	ratory an	reet,	Approximata Interval Batween
- 1	IMMEDIATE CAUSE (Final Onset and Death)												
	disease or condition												
	OVE TO (OR AS A CONSEQUENCE OF)												
CERTIFICATION	Sequantially liet condit		b. 000 20	OR AS A'C	CONSEQUEN	CE OF	w	1411	1000	in and i	2		aro
AT	If any, leeding to imme- cause. Enter UNDERLY	NG	5	AL	11				1		U		
E	CAUSE (Disease or Inju that initiated events		DUE TO	OR AS A C	ONSEQUEN	CE OF)					10000		
FR	resulting in death) LAS	T L	d	na	MOT	na							
	PART II. Other significa	nt condition	ne contributing to	death but	t not resul	ting in the u	nderivin	O CAUSA	Olven in P	art I. 24s. WAS AN	ALITTOPRY	245	. WERE AUTOPSY FINDINGS
EDICAL	Allan	MM	IA OUN	l M	11			g oddoc	givon in i	PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	()			OLIC						1 YES 2	□ NO		OF DEATH?
2										-			1 YES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL		-			26. P	LACE OF D	DEATH (Chec	k only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpat	tlent 3 🗆 D	OA 4 Nu		ne 5 🗆 R	esidence 5	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	280	TIME OF	28c. IN.	JURY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
ВУ		Pending Investigation		-,,,		М		YES 2	NO				
	3 Suicide 8	Could not ba	28s. PLACE C building,	F INJURY — atc. (Specify	Al homa, f	arm, street, lac	tory, offic	in .	:	281. LOCATION (Street a City or Town, State)	and Number	or Rural R	loute Number,
6		determined											
Ī										o the cause(a) and mer			
COMPLETED	2 MEDI	ICAL EXAMINI	ER: On the basis of a	xamination a	and/or inves	tigstion, in my	opinion, e	seath occu	red at the til	me, data and placa, an	d dua lo ti	te Cause(a	i) and manner ae stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	Jule	LI	M	)		29c LIC	BISE NUMB	) 0 Y	29d. DAT	E SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON W	O COMPLETEO CAU	E OF DEAT	TH (ITEM 27)	Type, Print)				- 1		1/	<i></i>
	31. OATE FILED (Month, Day,	Your)	32 REGISTRI	Marsichal	OUBE					4			
	JAN 1019	94	The Bende	on Mari	The state of the s								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)  C. M. S. S. S. S. S. S. S. S. S. S. S. S. S.	2 DE 74	mer			2. DATE OF DEAT							
DIRECTOR	4. SOCIAL SECURITY MINIMER  217-07-2720  9a. FACILITY NAME (If not institution, give street and not francis Subtley Hospitalian)  Francis Subtley Hospitalian	2 DE 74	in Di-			MONTH		3. TIME OF DEAT					
DIRECTOR	9a. FACILITY NAME (If not institution, give street and not Francis Stattley Hosping Hosping For the street of the	2 DE 74					4 9	14 1:45 1					
DIRECTOR	Sa. FACILITY NAME (If not institution, give street and not Francis Sut Hey Hosping Residence of Decement)	/- //	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	(hr) 6.	BIRTHPLACE (State or Fol Country)					
DIRECTOR	Francis Sutt Key Hosp		YRS.	OUTY TOUR	D 10017771 05 -	12/8/	19	MARYLAND					
DIRE	RESIDENCE OF DECEDENT	11	96	D I J	OR LOCATION OF D	EATH	Be. COUNTY	Y OF DEATH					
DIRE	100. STATE 10b. COUNTY	7.14		Dall	more		Del	Timor-1					
	MD Rulfs?												
*	101 Sul	more	Da	It mo				1 VES 2 🗆					
NE I	802 S. Patomas	St			2 1 2	24	(	S A					
B	1 Never Married 2 Married FORG	DECEDENT EVER IN U.S CES? 1 TYES 2 S, GIVE WAR OR DATES	NO	If yes, sp	CENDENT OF HISPA Hecity Cuben, Mexico 3 2 NO Specific	in, Puerto Rican, ate	fy Yee or No 14 c.)	Black, White, etc.  Specify:					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164	DECEDENT'S USU	JAL OCCUPATION MINING MINING MINING	ON ost of working	16b. KIND O	F BUSINESS/INDUS	STRY					
E-I		(1-4 or 5+)	HOUSE	tired.)			_						
COMPL													
	FRANCIS HALL	ME (First, Middle, M	eiden Surname)  ASECI	t i									
8	19a. INFORMANT'S NAME (Type/Print)												
2	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code)  2806 28 Street, Baltimore, MD 2/2/3												
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of												
	1.PY Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State camptan	RED HE	placa)		1	BALTIMO						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22 NAME A	ND ADORESS OF EA	OHITY							
	I want of house	hous		MATTI	HEWS TO	INGRAL	RUL	more, MD 210					
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
H	reaulting in death) LAST												
CEI	PART II. Other aignificent conditions contrib	uting to death but o	ot regulting in *	he underluis	a cause alven i-	Part i 240 um	S AN AITMON	24h WEDE ALTONOV CO					
B	multi systemorge	PE	AS AN AUTOPSY INFORMED? ES 2 NO	24b, WERE AUTOPSY FIT AMAILABLE PRIOR 1 COMPLETION OF COF DEATH?  1 YES 2 N									
MEDICAL													
Σ	25. WAS CASE REFERRED TO MEDICAL		25. WAS CASE REFERRED TO MEDICAL EXAMINER? COTHER: OTHER:										
Σ	EXAMINER? HOSPI	TAL:		THER:			d						
PHYSICIAN: MI	EXAMINER?  1   YES 2   NO			F 28c. IN.	LACE OF DEATH (C)  THE 5 Residence  HURY AT PRK?  YES 2 NO	6 Other (Specify	()	RED					
ED BY PHYSICIAN: MI	EXAMINER?  1 YES 2 NO  1 YOUR  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	tient 2 ER/Outpatier	26b. TIME OF	F 28c. IN. WC	ne 5  Residence HURY AT DRK? YES 2  NO	6 Other (Specify 28d. DESCRIBE H	Treet and Number or	RED Aural Route Number,					
ED BY PHYSICIAN: MI	EXAMINER?  1 YES 2 NO  1 Opposite State St	PLACE OF INJURY (Month, Day, Year)  PLACE OF INJURY — J building, stc. (Specify)	26b. TIME Of INJURY	F 28c. IN. W. 1	ne 5 Residence	6 Other (Specify 28d. DESCRIBE H 28f. LOCATION (S City or Town,	itreet and Number or State)	Rural Route Number,					
BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1	PLACE OF INJURY (Month, Day, Year)  PLACE OF INJURY — J building, stc. (Specify)	26b. TIME Of INJURY	F 28c. IN. W. 1	ne 5 Residence	6 Other (Specify 28d. DESCRIBE H 281. LOCATION (S City or Town, to the cause(e) en time, date and place	Treet and Number or State)  d manner se stated.	Rural Route Number,					
O BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural  2 Accident  3 Sulcide  4 Homicide  299. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the	PLACE OF INJURY (Month, Day, Year)  PLACE OF INJURY — J building, stc. (Specify)	26b. TIME Of INJURY It home, term, stree	FHER: Nursing Hon F 28c. IN. M 1 t, factory, office t the time, date n my opinion, o	ne 5 Residence	6 Other (Specify 28d. DESCRIBE H 281. LOCATION (S City or Town, to the cause(e) en time, date and place	Treet and Number or State)  d manner se stated.	Rural Route Number,					

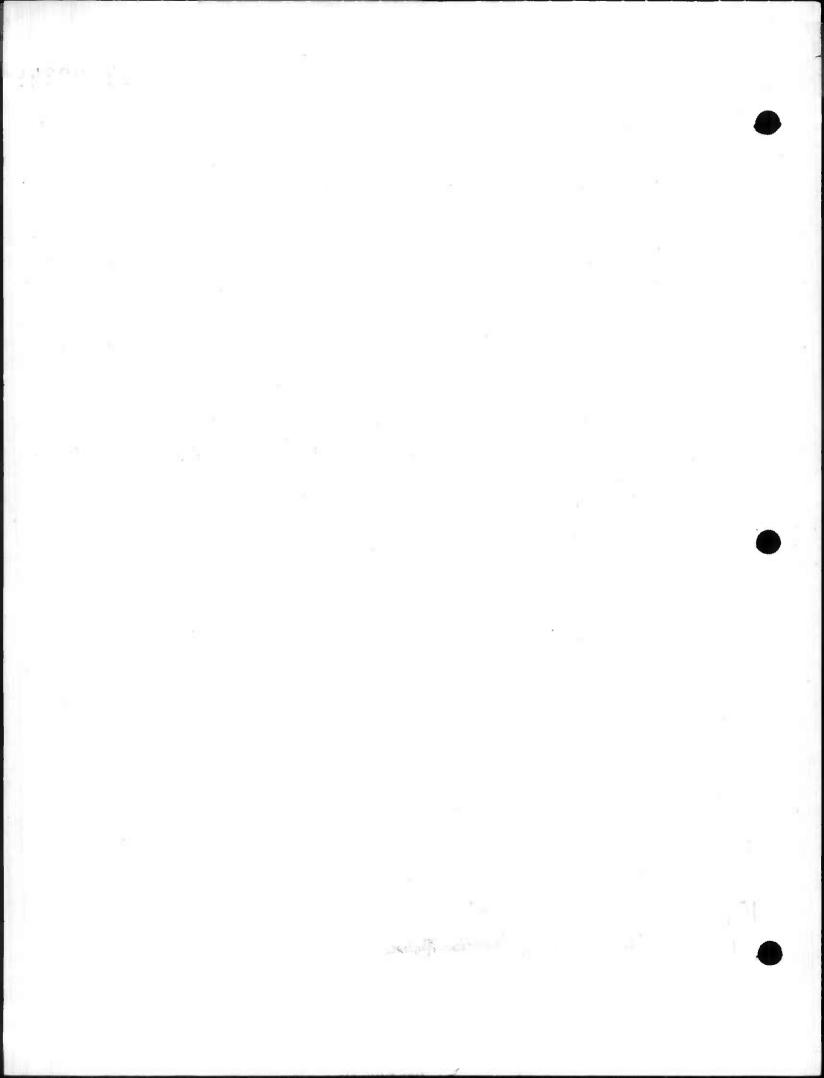
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DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any flower death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

				_	0034					
2.4111001	1		1	7 74						
220-22-2993 1 M 2 F GY YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)  90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  10. COUNTY OF DEATH										
10a. STATE 10b. COUNTY	18c. CITY, TOWH	140			10d. INSIDE CITY LIMITS?  1 X YES 2 NO					
3234 Normount Ave	uen La	21216		4.	S A					
1 Naver Married 2 Married FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	OV	Il yea, specify Cuban, Mexic	can, Puarto Rican, atc.)		lace — American Indian, lisck, White, atc. specify: Black					
(Specify only highest grade completed) (G	ive kind of work done	during most of working	166. KIND OF BU	siness/industr	office					
17. FATHER'S NAME (First, Middle, Last) Samuel B. Deaduyler Sr Carrie Juhnson										
Marian R. Deadwyler 3234 Normount Ave Balto, And 21216										
1 & Burlel 2 Cremetion 3 Removal from State Confery, crematory or other place Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or other Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Crematory or Confery, Cre										
· Glynis B. Scott		March Fitt	o Walas	h Ave	Balto, Hd 212					
shock, or heert failure. List only one cause on each line  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  a. Cerebrovascular	Accident				Approximate intervel Betwee Onset and Deat					
Sequentieily list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificent conditions contributing to deeth but not r	reculting in the U	nderlying couse given i	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   1   1   1   1   1   1   1   1		R:								
27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO		INJURY OCCURE	D					
2 Notice and the second	ome, ferm, atreet, fac	ctory, offica	28t. LOCATION (Street City or Town, State	and Number or Ru )	iral Route Number,					
anal					se(a) end manner es stated.					
296. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE N	UMBER	29d. DATE SIG	NED (Month, Day, Year)					
	STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  Sea Male B. Sex B. AGE (In yrs. fast 2	STATE REGISTRAR  1. DECEDENT'S NAME (First, Middin, Last)  Sea, MUCH  B. FOLIALY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  10a. STATE  10b. COUNTY  10c. CITY, TOWN  10c. STREET AND NUMBER  3	1. STATE PROCEDENT'S NAME (First, Mindole, Last)  S. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 24 men.  3. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 24 men.  3. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 24 men.  3. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 24 men.  3. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 24 men.  4. SOCIAL SECURITY NUMBER B. S. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 24 men.  4. SOCIAL SECURITY NUMBER B. S. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 24 men.  4. SOCIAL SECURITY NUMBER B. S. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 24 men.  4. SOCIAL SECURITY NUMBER B. S. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 174A    5. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 174A    5. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 174A    5. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 174A    5. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 174A    5. SEX B. AGE (In yrs. fast bornday)   Function 174A   Function 174A    5. SEX B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    10. STATE B. AGE (In yrs. fast bornday)   Function 174A    11. College (In yrs. fast bornday)   Function 174A    12. AGE (In yrs. fast bornday)   Function 174A    12. ACCIDENT B. AGE (IN yrs. fast bornday)   Function 174A    12. ACCIDENT B. AGE (IN yrs. fast bornday)   Functio	1. DECORPT'S NAME (First, Minding, Land) Some And Color of the Color o	DECIDENTS NAME (First, Modes, Last)   2 Out of Octats   3 Out of					



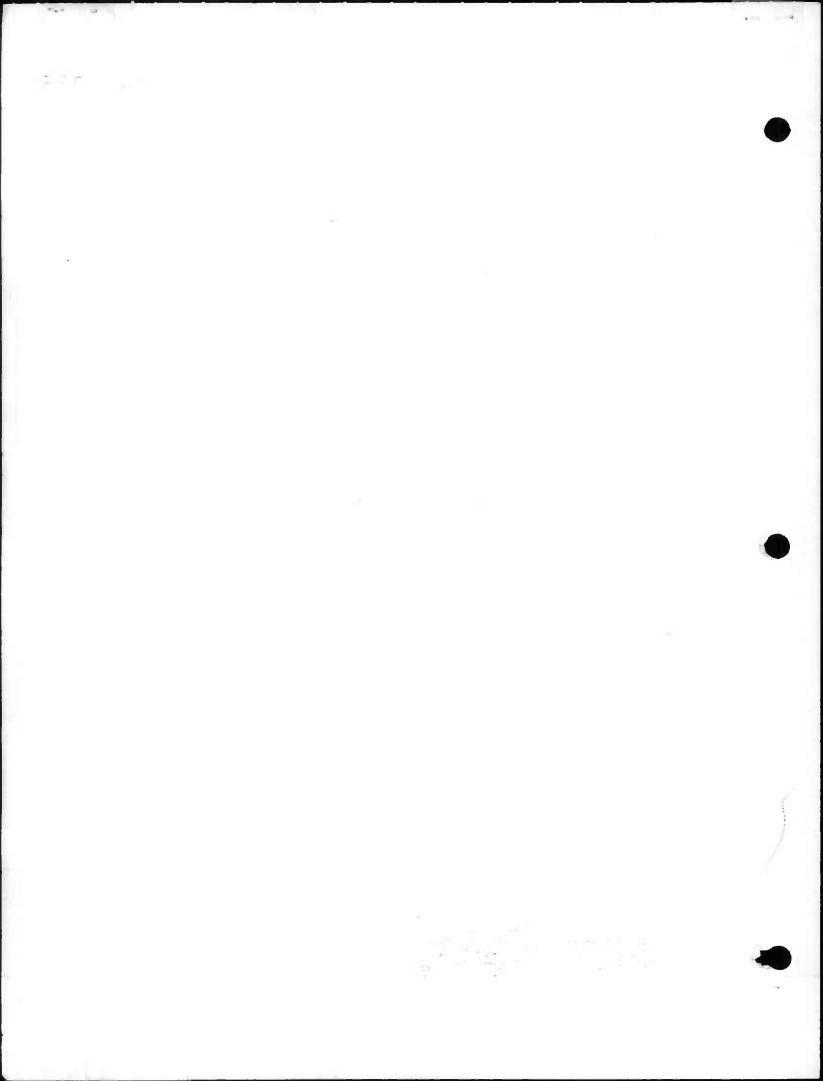
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

											ALC: NO			
	1. DECEDENT'S NAME (First, LOUISE		lizabeth		DEGRAFF				2. DATE OF DEATH DAY YEAR			3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER										ry 8,			
			5. SEX 1 ☐ M 2 💢 F	6. AGE (In yrs. les	6. AGE (In yrs. lesi birthdey)    F UNDER 1 YEAR		Day, Year)	8. BIRTHPLACE (State or Fi Country)		HPLACE (State or Foreign ry)				
	577-18-832			13	Tria.						.21,19			yland
~					-	96. CITY			IMOTE			100	INTY OF D	
5	Franklin S		nospitai				1	Jail	LINOLE			Balt	imor	e County
E S	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
- E	Maryland		Baltim	ore			]	Balti	imore	2				1 TYES 2 NO
A	10e. STREET AND NUMBER				101. ZIP CODE					10g. CIT	IZEN OF V	WHAT COUNTRY?		
FUNERAL DIRECTOR	4239 Dar1	eigh R	oad						212	236			U.S	S.A.
5	11. MARITAL STATUS	T EVER IN U.S. AF	NO					NIC ORIGIN? In, Puarto Ri	(Specify Yes	or No-	14. RACI	E — American Indian, k, White, atc.		
BY	1 Never Married 2 3 Widowed 4 Divo	A 100 CO	IF YES, GIVE V				1 TYES	2 X NO	Specify	λ:	ouri, o.c.,			"y:White
		EDENT'S EDUC	ATION	180 05	CEDENT'S	HEHAL O	COLIDATIO	DAI		Lan	KIND OF BU	DINESO (IN)		MILLE
COMPLETED	(Specify only	y highest grade	completed)	(G	live kind of a	work done	during mo	ist of worki	ing	100.1	KIND OF BU	SINE SS/IN	DUSTRY	
7	Elementary/Secondary (0 N / A	F-12)	College (1-4 or 5-N/A	+)	ffice						D:	redg	ing (	Co.
0	17. FATHER'S NAME (First, M.	iddle, Lest)							HER'S NA	ME (First, Mi	iddle, Malden	Surname)		
O	Herman		Wertheim	er							ise G		er	-
BE	19a. INFORMANT'S NAME (7	ype/Print)		19	b. MAILING	ADDRES	S (Street a	_			r, City or Tow			
2	Charles L.	Tarbut	ton, Jr.	(son)	8321	Woo	dla:	nd Ro	oad,	Pasa	dena,	MD	2112	22
	20a. METHOD OF DISPOSIT	ION	und from Plate	20b.PLACE						OATE	20c. LO	CATION -	City or To	own, State
	4 Donation 5 Other		val from State	- Gree	n Mou	int (	nt Crematory Baltimore,					re, N	Maryland	
- 5	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	-			22. NAME AND ADDRESS OF FACILITY							
- 1	Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 2									21236				
	23. PART I. Enter the di													Approximata
	shock, or he IMMEDIATE CAUSE (Fir		lat only one can	ise on each line	).									Interval Between Onset and Death
	disease or condition resulting in death)	<b>.</b>	F	neumoni	a									
	readiting in death)		DUE TO	(OR AS A CONSE	OUENCE O	F):								
z														
5	Sequentially list condition if any, leading to immediate	diate	DUE TO	(OR AS A CONSE	QUENCE O	F):		0.1						
CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or Inju													
E	that initiated events resulting in death) LAS	т	DUE 10	(OR AS A CONSE	DUENCE D	F):								
E	H.C.													
AL.	PART II. Other aignifica	nt conditions	contributing to	deeth but not i	resulting	In the ur	nderlyin	g cause	given in	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	4 2													COMPLETION OF CAUSE OF DEATH?
MEDICAL											1 TYES 2	X		1 TES 2 NO
														TO STATE OF
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			07115		LACE OF D	DEATH (Ch	eck only one	)			
YSI	1 TYES 2 NO		1 inpatient 2	ER/Outpetient 3	□ DOA	4 Nu		6 5 A	asidence	8 🗆 Other	(Specify)			
PH	27. MANNER OF DEATH  1 Netural 5	Pending	28a. DATE OF (Month, D		28b. TIM	E OF IURY	WC	URY AT		28d. OE\$0	CRIBE HOW I	NJURY OC	CURED	
BY	2 Accident	Investigation				M		YES 2 [	NO					
		Could not be determined	28e. PLACE C building,	of INJURY — At he atc. (Specify)	ome, larm,	street, fac	tory, offic	•			TION (Street : r Town, State)		or or Rural I	Route Number,
COMPLETED														
1PL	anal		CIAN: To the best of											
S	2 MEO	ICAL EXAMINE	R: On the beals of s	xamination and/or	Investigation	on, in my o	opinion, o	leath occu	red at the	time, data s	and place, ar	d dua to t	he cause(i	e) and manner as stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIER		Kus #	tair	9/		29c. LIC	ENSE NUI	MBER	91111	29d. DA	TE SIGNED	(Month, Day, Year)
TO B	neel	Ku	MD	/ 1								1	18/9	4
	30. NAME AND ADDRESS OF													
	Kuo	M. ch	ael	MD =	FO	6 8	900	) Fra	ank1	in Sq	uare	Drive	e. Ba	altimore,
	31. DATE FILED (Month, Day, JAN 1		32. REGISTRI	ARIOGIGNATURE	Pandal	2				]	Maryla	in d	212	237
	JAN 1	1 1994												

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

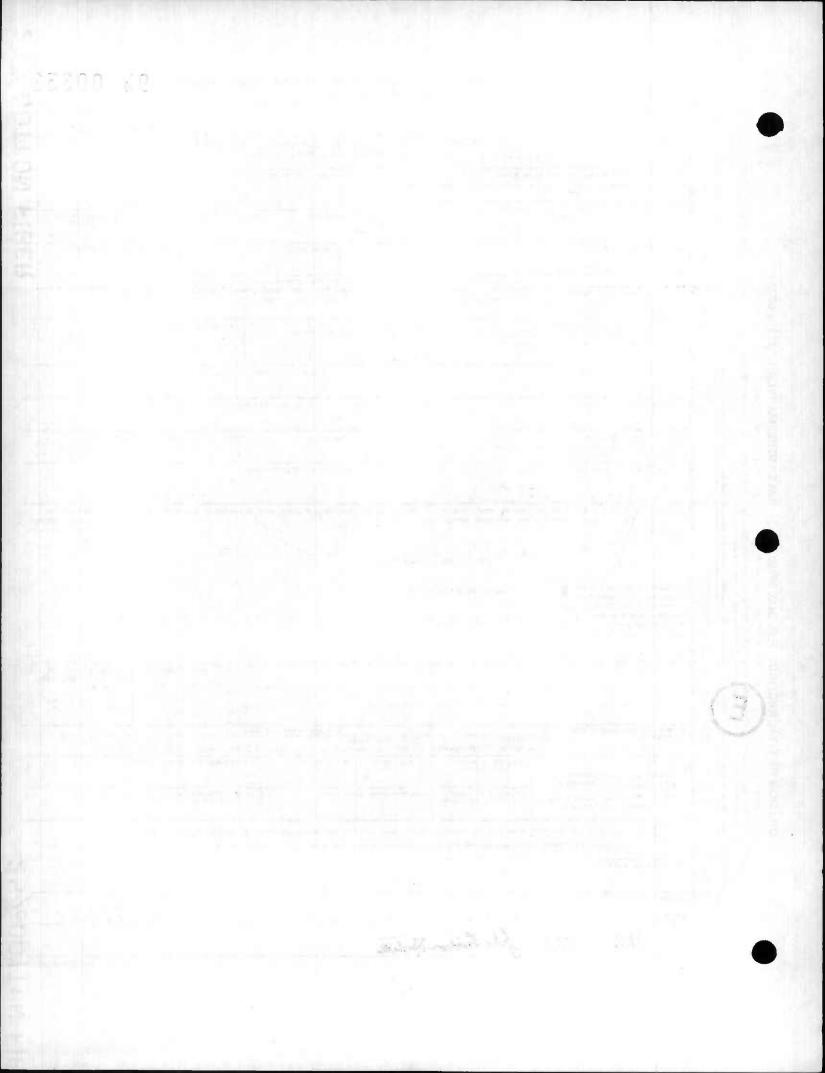
	REGISTRAR		ERTIF	ICATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
	JETZEL DORIS	Dor	is L	.Detz	21	MONTH	1 0	7 9	YEAR	121,500
	4, SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7, DATE OF	BIRTH	/ /		PLACE (State or Foreign
	216-20-9172 1 M 2 DXF	74	YRS.	MONTHS DAY		(Month, D	/191		Countr	yland
~	9e. FACILITY NAME (If not Institution, give street end number)			9b. CITY, TOW	N OR LOCATION OF D	EATH	25.2.702	9c. COUN	TY OF D	EATH
DIRECTOR	Merry medical Cen	ter		Balt	mace 1	nonel	and		_	
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		100 CIT	Y, TOWN OR LO	CATION					
H	Maryland								- 1	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			Balto.	City, Md					1 X YES 2 NO
FUNERAL	1114 Batter	y Ave.		ĺ	21230					States
5	11. MARITAL STATUS 12. WAS DECEDEN			13. WAS I	ECENDENT OF HISPA	NIC ORIGIN? (S	Specify Yee		14. RACE	- American Indian.
В	1 Never Merried 2 Merried FORCES? 1 3 X Widowed 4 Divorced IF YES, GIVE V		JNO	If yee,	en, Puerto Rice fy:	in, atc.)		Speci	White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION	16a. I	DECEDENT'S	USUAL OCCUP	TION	16b, Ki	ND OF BUS	SINESS/INDU	ISTRY	"TINT'C
<u>.</u>	(Specify only highest grade completed)  Elementary/Secondary (8-12)  College (1-4 or 5	(1)	(Give kind of v ife. Do NOT us	vork done during e retired.)	most of working					
뢰	7th.Grade None		Homer	naker		0.573	а Но	m o		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
	George W, Mile	28			Emma				T 1	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural		City or Town		JOh Code)	nson
2	Doris Jones		1512		rkson St					
	20a, METHOD OF DISPOSITION	20b.PLAC	EANDDATE	E DISPOSITION	/Name of	0.175	20- 100	Md .	T	
	1 X Buriel 2 Commation 3 Removal from State 4 Donation 5 D Other (Specify)	GIEI	remetory or of	her place)	morial D	Dale I	10	310n	D11	rnie,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//	1	22. NAME	AND ADDRESS OF FA					
	1 / la = 1 00 2/	/ //	_	M-C	.11 -	Ва	ilto	.Md.	21	230
$\dashv$	yener a.	Dy W	7	Mec	ully Fur	eral	Home	e,130	) E	Fort Ave
-	23. PART i. Enter the diseases, or complications the shock, or heart failure. List only one cau	t caused that use on each iir	daath. Do п na.	ot antar tha	noda of dying, suc	h as cardiac	or respi	ratory arre	st,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition		1	1						Onset and Daath
	resulting in death) a	quatory	An	lun						musliate
	DUE AFO	(OR AS A CIDNE)	EQUENCE OF			1 -1	4	-//		11
2	Sequantially list conditions,	OR AS A CORS	enic		numa (	mels	rola	the)		miners
RIFICALION	if any, laading to immediata cause. Enter UNDERLYING	(OH AS A CORS	EQUENCE OF	y:						
5	CAUSE (Disease or injury	(OR AS A CONS	FOLIENCE OF	٦٠						
=	resulting in death) LAST			,						
	d									<u> </u>
- 11	PART II. Other significant conditions contributing to	daath but not	rasuiting i	n the underly	ing causa given in	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL						1	YES 2	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OF DEATH? 1 ☐ YES 2 ☐ NO
						_				. C reg 2 Chillip
3	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (Ch	eck only one)			1	
	EXAMINER?  1 YES 2 NO 1 Propriet 2	ER/Outpatient	3 🗆 DOA	OTHER:	ome 5 Residence	B C Other (C)				
PH TSICIAN:	27. MANNER OF DEATH 28e. DATE OF	INJURY	28b. TIMI	OF 28c.	NJURY AT	28d. DESCRI		HURY OCCI	IRED	
	1 Netural 5 Pending (Month, D	ay, Yeer)	ILNI		WORK? YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE 0	F INJURY — At I	ome, ferm, a			28f. LOCATIO	N (Street o	nd Number o	r Ruest D	nuth Mumbes
	4 Homicide 6 Could not be determined building,	etc. (Specify)				City or To	own, State)	THE THE PART OF	r Horse re	oute Number,
4	29a. CERTIFIER									
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the best of a									and manner ee stated.
3	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					(Month, Day, Year)
)	E. Smardl MO				Unixial		/_	DATE:	L	C >
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type	Print)	1 M	ZHQUAR		-//	///	1
			, ( . , p.u)	,						
	31. DATE FILED (Month) Day Your A	Daniel Co.	Label							
	31. DATE FILER WORM DO 1994	1/2	-							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E	g
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Figure that the death certificate be executed within mouns after	TO THE HANDESTON AND CONTROLLED AND THE CONTROLLED TO THE ACCOUNTY OF THE STRENGTON ON COMPLETE THE IN THE
Λ	1/	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	0
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	1. DECEDENT'S NAME (First, A	Aiddle, Last)			DHNE	VANT	The contract of	1111		DATE OF DEATH	DAY		3. TIME OF DEATN
	WILLIAM		LEE			NEV	an	t	and the same	DIVERVO	7.199	YEAR	1220
	4. SOCIAL SECURITY NUMBER		5. SEX		rs. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 2	4 HRS. 7.	DATE OF BIRTY (Month, Day, Year)		Country)	
	214-48-0380 98. FACILITY NAME (If not insti		1 M 2 F	46	YRS.				11	107/47			SOURI
TOR	PENINSULA E	REGIONA		CAL CE	NTER			BURY	N OF DEATH		9c. COUNT	COMI	
DIRECTOR	RESIDENCE OF DECE	10b. COUNTY	OMICO		1.3.1	Y, TOWN OR		ION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	403 LINCOLN	AVENUE					101.	ZIP CODE	301		10g. CITIZE		A .
BY	11. MARITAL STATUS  1 Never Married 2 M  3 Widowed 4 Divorce	wer Married 2 Married FORCES? 1 VES					yes, spe	ENDENT OF	HISPANIC C	RIGIN? (Specify Yearto Ricen, etc.)	U.S.A.  specify Yes or No- 14. RACE — American in Bleck, White, etc.  Specify: WHITE		
ETED		DENT'S EDUCAT		16	a. DECEDENT'S (Give kind of v					16b. KIND OF BU	JSINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-1)	2)	College (1-4 or 5 IONE(	+)	CORREC	e retired.)				MARYLAN	D STAT	E CO	ORRECTION
_	17. FATHER'S NAME (First, Midd									First, Middle, Maider		i ve	
BE	WILLIAM M  19e. INFORMANT'S NAME (Typ)		NEVANT		T 405 MAIL 1910		(0)		ORIA	W 12 4 5		NUM	
2	GARY MICHAEL		ANT							Number, City or To.			
	20a. METHOD OF DISPOSITIO	N		20b. PL	ACEANDDATE	OF DISPOSIT			, DAI		DCATION — CH		n, Stata
	1 Surtal 2 Cremetion 4 Donation 5 Other	3   Ramovi	el-trom State	cemeter	ry, crematory or of VETER	ther place)							, MARYLAND
	21. SIGNATURE OF FUNDIAL	SERVICE LICEN	AL			22 N	NGL			AL HOME			
	IMMEDIATE CAUSE (Final	rt failure. Lis	mplications the	at caused th	ilne.	not enter ti	he mod	de of dyln	g, auch as	cardiac or resp			MD 21061 Approximata Interval Batween Onset and Deatl
CERTIFICATION	nock, or has	a	DUE TO	O (OR AS A CO	ilne.	rot enter ti	he mod	de of dyln		cardiac or resp			Approximata Interval Batween
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events	ns, ate G. d.	DUE TO	O (OR AS A CO	ONSEQUENCE OF	Lolor:	he mod	de of dyln	g, auch ae	cardiac or resp	NAUTOPSY RMED?	24b. V	Approximata interval Batweer Onset and Deatl
AN: MEDICAL C	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	ns, ate G. d. d. conditions	DUE TO	O (OR AS A CO	ONSEQUENCE OF	Lolor:	lerlying	cause gl	g, auch ae	cardiac or response	NAUTOPSY RMED?	24b. V	Approximate Interval Batweer Onset and Deatl 3 4 5 5 5 5 5 5 5 5 5 5 5 5 6 5 6 5 6 5 6
SICIAN: MEDICAL C	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent	ns, ate G c. d. meditions of	DUE TO	O (OR AS A CO	ONSEQUENCE OF	OTHER:	lerlying	cause gl	g, such as	cardiac or response	NAUTOPSY RMED?	24b. V	Approximate Interval Batweer Onset and Deatl 3 4 5 5 5 5 5 5 5 5 5 5 5 5 6 5 6 5 6 5 6
PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death)  Sequentially list condition from the sequential in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 P	ns, ate G. d. d. meDical.	DUE TO  DUE TO  DUE TO  DUE TO  CONTributing to	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	ONSEQUENCE OF OT	OTHER:	the moo	Cause gi	yen in Pari	cardiac or response to the cardiac or response t	N AUTOPSY RMED?	24b. V	Approximate Interval Batweer Onset and Deatl 3 4 5 5 5 5 5 5 5 5 5 5 5 5 6 5 6 5 6 5 6
BY PHYSICIAN: MEDICAL C	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent EXAMINER?  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 PA  2 Accident Imm 3 Suicide 6 Cc	ns, ate G c. d. MEDICAL	DUE TO  DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	ONSEQUENCE OF OT	OTHER:	28. PLL 28. PLL 28. INJL WOF 1   Y	ACE OF DEL	yen in Pari	cardiac or response to the cardiac or response t	N AUTOPSY RMED? 2 NO	24b. V	Approximate Interval Batweel Onset and Deat 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition of the sequence	ns, ate G	DUE TO  DUE TO	D (OR AS A CO O	ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF	OTHER: 4   Nursing E OF   2	28. PL/ : : : : : : : : : : : : : : : : : : :	ACE OF DE.  ACE OF DE.  TRACT  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.	yen in Pari	Cardiac or response to the cause(a) and man, data and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. V	Approximate Interval Batweer Onset and Death 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
ETED BY PHYSICIAN: MEDICAL C	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Part   Notural 5 Par	ns, ate G. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO  DUE TO	D (OR AS A CO D	ONSEQUENCE OF ON	OTHER:  OTHER:  OTHER:  OTHER:  In the und  others, factor  ot	28. PL/ : : : : : : : : : : : : : : : : : : :	ACE OF DE.  ACE OF DE.  TRACT  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.  ACE OF DE.	yen in Pari	Cardiac or response to the cause(a) and man, data and place, a	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. V	Approximate Interval Batweer Onset and Death 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4



	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL		IENTAL HYGIEN	_	0035	53
	1. DECEDENT'S NAME (First, Middle, Last)	ANNA	Man	- 7		2. DATE OF DEATH	AY Y	3. TIME OF DEA	тн
1	(TEORGIA	1711111	E1121	ON		January 7	, 1994	6:58	AM
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Fi	oreign
	212-20-1859		34 YRS.	HOU HOU	PCS MITTE.	4-2-1909	V	irginia	1.5
~	9a. FACILITY NAME (If not institution, give s	· · · · · · · · · · · · · · · · · · ·	9	CITY, TOWN OR LO	CATION OF DEA	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	Holy Cross Hospi	tal		Silver Sp	ring		Mont	gomery	
EC	10a. STATE 10b. COUNT	Υ	10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CIT	Υ
HO	Maryland Mon	ntgomery	Silv	er Spring	7			LIMITS?	ONT
	10e. STREET AND NUMBER	9		10f. ZIP		1	10g. CITIZEI	OF WHAT COUNTRY?	
FUNERAL	4 Tiffany Court			209	904		USA		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED			C ORIGIN? (Specify Yes		. RACE — American Indi	len,
BY F	1 Never Married 2 Married	FORCES? 1 YES	ATES	1 TYES 2		, Puerto Rican, etc.)		Black, White, etc.  Specify:	18
						THEFT		White	
TED	15. DECEDENT'S EOU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use n	done during most of w	vorking	16b. KIND OF BU	SINESS/INDUS	TRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)				-			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	0	Homemak			Home			
	Frank Fox			16. 1		IE (First, Middle, Malden	Surname)		
B	19a. INFORMANT'S NAME (Type/Print)		19h MAII ING AC	DDESS /Street and Mile		Williams Oute Number, City or Tow	on Chata Tin Ca	ode)	
5	Ruth E. Day								
		201	PLACE AND DATE OF	ISPOSITION (Name of		er Spring	CATION - CIN	or Town State	
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State cen	netery, cremetory or other	place)	Darls	1 10 Pol	4- d	. Maryland	- 6
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSIN	/)	22. NAME AND AD	DRESS OF FAC	ILITY	rrmore	. HISTOVIEN	
	1/1/0	of I had	6.	Fleck Fu	meral	Home, Inc			
	or part for Colon	M COOK	u			ing Road			
	23. PART I. Enter the disesses, or shock, or heart failure.	List only one cause on-a	adh line.	anter the mode of	dying, such	as cardisc or resp	iratory arres		Between
	IMMEDIATE CAUSE (Final disease or condition	1 1-	1			_		Onset and	d Death
	resulting in death)	. Houte h	youAR.	IAC IN	ARC	non			
		s. Acute M DUE TO (OR AS I	- last	11/-	TO.	1040			
CERTIFICATION	ordentifically not conditions,	DUE TO (OR AS	CONSEQUENCE OF):	Heary	111	LEASE			A
AT	if any, leading to immediate cause. Enter UNDERLYING								
트	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):						
	resulting in death) LAST	d							
ō	PART II. Other aignificant condition	ns contributing to death h	out not resulting in	he underlying car	se given in E	Part I. 24a. WAS AN	Alimpey	24b. WERE AUTOPSY F	TIMPINOS
8			at not rosatting in	and underlying cad	so given in r	PERFOI		AMAILABLE PRIOR COMPLETION OF	TO
EDIC				-		1 YES 2	NO	OF DEATH?	CAUSE
Σ			1			-		1 🗌 YE\$ 2 🗌	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
I I	EXAMINER?	HOSPITAL:		THER:	OF DEATH (Chec				
¥	1 VES 2 NO	1   Inpatient 2   ER/Out	26b. TIME C	Nursing Home 5 D			N II II W OCCUP	250	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK?		28d. DEŞCRIBE HOW I	MJURY OCCUP	NED	13
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, farm, stre			28f, LOCATION (Street	and Alumber or	Dumi Doute Number	
9	4 Homicide 6 Could not be detarmined	building, etc. (Spe	clfy)	or, rectory, orne		City or Town, State)		riorer riodite regritori,	
	29a. CERTIFIER								
COMPL	eeel .	ICIAN: To the best of my know ER: On the basis of examination							41.7
8			- I and of my eatigation,					1	
H	296. SIGNATURE AND TITLE OF CERTIFIE	1/1	145	29c.	CO / ( / (	SER CO	29d. DATE S	IGNED (Month, Day, Year)	
9	30. VAME AND ADDRESS OF PERSON WH	O COMPLETED CARRESTON OF	ATH OTEM OT CO.	(mt)	117	770	-//	1117	
1	1-TO INTERIOR	C 1/L	APP 11/1906, PT		1 11/00	1 HAmas	The so	App.10	
4	31. DATE FILED (Month, Day, Year)	32. RESISTRAR'S SIGN	ATURE	1)(1/6	1 Wee	- 11/11/10	not 1	121 (1)110	
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ulters that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.

By the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should than and Mental Hygiene prior to burial, cremation, or removal. any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSIGN TO THE FUNERAL DIRECTOR: After this or be filed within 72 hours after death with IMPORTANT: If Item 28 is marked,

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPAR	TMENT	OF H	EALTH AND	MEN	TAL HYGI		94	00354	
16	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH	1		3. TIME OF DEATH	
- 13	James Henry	Edward	S					M	ONTH 1	8	94	M	
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER 24 HRS.		ATE OF BIRTH		8. BIRT	HPLACE (State or Foreign	
3	216-07-1907	1 🔀 M 2 🗌 F	76	YRS.	MONTHS	DAYS	HOURS MIN.		10 2	6 17	N .	Carolina	
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	, TOWN C	R LOCATION OF DI	_	10 2		OUNTY OF		
DIRECTOR	Maryland Gene:		ital		Bal	Ltin	nore			N	/A		
RE	10e. STATE 10b. COUNT				Y, TOWN C		-					10d. INSIDE CITY LIMITS?	
	Maryland N/	Α		Ва	1tir	nore	}		_			1.X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1111 Park Avenue #404 2121									WHAT COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEDENT					ENDENT OF HISPAI				- 14. RAC	E — American Indian, ck, White, etc.	
ВУ Е	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	A OR DATES	JNO			2/ NO Specific		rto Hican, etc.	)		<sup>chy:</sup> Black	
		WW2									1	Diack	
COMPLETED	1S. DECEDENT'S EDU (Specify only highest grade		(	Give kind of	work done	CCUPATIO during mo	N st of working		16b. KIND OF			ty Health	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)		fe. Do NOT u					Depa			ty nearth	
MP		4 Years	Т	ood	Inst	pect		$\Box$					
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			den Sumame	9)		
BE	John Edwards						Edna						
2	19a. INFORMANT'S NAME (Type/Print)	-1-	1	9b. MAILING	ADDRESS	S (Street a	nd Number or Rural	Route I	Number, City or	Town, State,	Zip Code)	21209	
	Dianna E. Smít	n					st Roa	_					
Ш	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from Stata		ramatory or o		HTION (Na	ma of	1 1			— City or T		
	4X Donation 5 ☐ Other (Specify)	revees//	<u> I Sta</u>	te A	nato	my	Board D ADDRESS OF FA		Ba.	<u>ltim</u>	ore,	Maryland	
	Deray	Hares	ie							1701 Bal	McC timo	ulloh St. re,Md21217	
	23. PART I. Enter the diseases, or	complications that	caused the c	lesth. Do r	ot entar	the mo	da of dylng, suc	h as	cardlac or re	aplratory	arreat,	Approximate	
	ehock, pr haert failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)	b CAR	DIOI	M/(	PF	+T1	44					Intarval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a MAL DUE TO (	OR AS A CONSI	EQUENCE O	101	ST	ricul Y De	A	FAS	RHY	Thmra	18	
: MEDICAL	PART II. Other significant condition	na contributing to d	leath but not	resulting	in the ur	nderlying	j cause given in	Part	PER	AN AUTOPS FORMED?	SY 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
6	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: \	,		OTher		ACE OF DEATH (Ch	eck on	ly one)				
YS	1 VES 2 NO	1 Inputient 2	ER/Outpatient	3 🗆 DOA	4 Nur		e 5 ☐ Residence	8 🗆 (	Other (Specify)				
BY PHYSICIAN	27. MANNER OF DEATH  1 Natural 5 Pending Accident Investigation	28a. DATE OF I (Month, Da		28b. TIM	E OF URY M		URY AT RK? 'ES 2 NO	26d.	DESCRIBE HO	W INJURY (	OCCURED		
	3 Suicide 6 Could not be determined	26s. PLACE OF building, s	26s. PLACE OF INJURY — Ai home, farm, street, factory, office building, atc. (Specify)						261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
2	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of r	ny knowledge (	feath occurr	nd at the t	Ime dete	and alone, and due	to the	anuncia) and		eded and		
COMPLETED	onel											a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CURTIFIE	elle	0	M			120	MBER 21	001	29d, D		O (Marty Day, Moor)	
٤	30. NAME AND ADDRESS OF RESSON WAS	MWO, 8	21 N	EM 27) (1)/po	Print)	×-	Suste?	) U.	Ba	14,	MA	121201	
	31. DATE FILED (North, Day, 1987)		SHONATURE					-/			,		

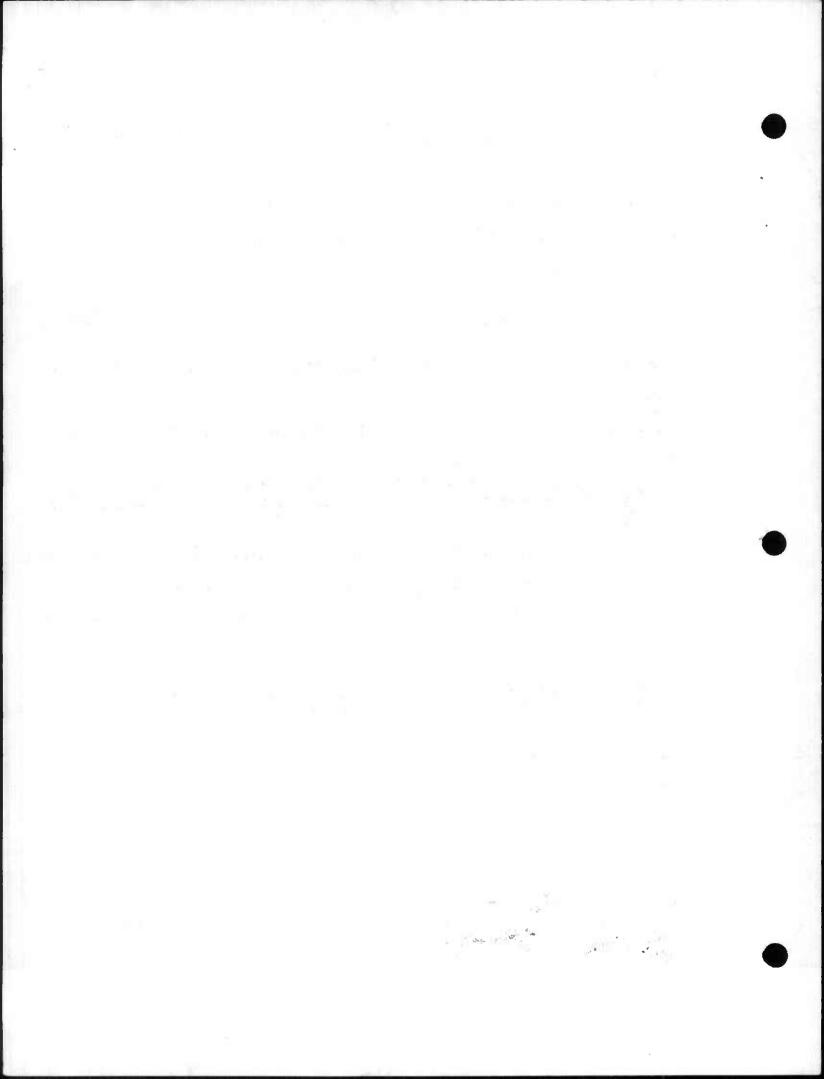
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REG. NO.

THOMAS HARLAN EMINIZER 2. DATE OF DEATN 3. TIME OF DEATH nomas MINIZES 1255 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 2/17/1929 214-24-9271 1X X M 2 □ F 64 HOURS Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore City NA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore (Brooklyn Park) 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 515 Taney Avenue, 21225 USA nours after death. Page 6 may be retained by the hospital or attending physician. od in by the funeral director, page 5 should be detached for use as the burial-tran: 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1X YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yaa er Noif yea, specify Cuben, Mexican, Puerto Rican, etc.)
 O Specify: 14. RACE — American Indian, Black, White, alc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced 2 White WW Navy COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Retired Administrator Balto. Co. Health Dept. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Eminizer Juanita Heil Eminizer Bloom BE 19e. INFORMANT'S NAME (Type/Print) 2 Mrs. Norma Eminizer 515 Taney Ave., Baltimore, Maryland e 20e. METHOD OF DISPOSITION
1 💢 Burlel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Cedar Hill Cemetery 1/7/94 Baltimore, Maryland or other traumatic event, the medical examiner McCully Funeral Home of Brooklyn Kevin E. Ecker filled in by the fution, or removal. 237 E. Patapsco Ave., Balto., Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death cremation, diseese or condition\_ ardio-Rulmonary completely Immediate DING PRISIDAN: The law requires that the death certificate be executed within resulting in death) DIVISION OF WITAL RECORDS, P.O. BOX 68760, Hygiene prior to burial, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION and Sequentielly list conditions, has been signed by the attending physician and Dept. of Health and Mental Hygiene prior to n 23 shows any Injury, or other traum if any, leeding to immediate cause. Enter UNDERLYING phylococca memonth CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditione contributing to deeth but not repulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 PINO pende 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item Certificate h EXAMINER? HOSPITAL:
1 M Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) marked, or the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) eath with th 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investiga ΒY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Suicide 99 COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be D THE HOSPITAL OR ATTEND THE FUNERAL DIRECTOR of filed within 72 hours after of TO THE HOSPITAL OR ATTENT TO THE FUNERAL DIRECTOR De filed within 72 hours after IMPORTANT: If Item 28 is 4 Nomicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pleca, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the baels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) len 94 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (JTEM 27) (Type, Print) 4710 Penning for Due ter. 31. DATE FILED (Month, Day, Year)

JAN 10 1994 32 REGISTRAR'S JON TURE



		FOR STATE REGISTRAR	STATE OF MARY	LAND / DE CER	EPART	CATE (	OF DI	LTH AND I EATH	MENTAL HYGIE REG. N	-	4 (	00356
No.	1	1. DECEDENT'S NAME (First, Middle, Last) EULA WYNNELL FLA	a b						2. DATE OF DEATH MONTH January	DAY 100	YEAR 3.	TIME OF DEATH
				(In yrs. last bin		IF UNDER 1 Y		UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPL	ACE (State or Foreign
Pl				63	YRS.			URS MIN.	(Month, Day, Year) 10-26-3	0	Country) Laba	та
3 should	E E	90. FACILITY NAME (If not institution, give street Beltsville Elderly					ltsu.	CATION OF DE	ATH	9c. COUNT		
. 7. 2.	CTO	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	cate nome					uce_				George
permit. Pages	DIRECTOR	Alabama Morgan				TOWN OR I						d. INSIDE CITY LIMITS?  YES 2XX NO
	ERAL	10e. STREET AND NUMBER			Juni	into core	101. ZIP	CODE		10g. CITIZI		T COUNTRY?
ian. transit	NER	Route 3 Box 706	HMA DEAFDENT SUSS				-	670		USA		
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician. the tuneral director, page 5 should be detached for use as the bunial-transit val.	BY FUN	1 Never Married 2 Married 3 XWidowed 4 Divorced	. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2X(X(NO	ARMEO XNO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2X XNO  Specify:  WY  3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, Specify:  WY  WY  14. RACE— Black, Specify: WY  WY  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, Specify: WY  16. RACE— Black, Specify: WY  17. RACE— Black, Specify: WY  WY  18. RACE— Black, Specify: WY  WY  18. RACE— Black, Specify: WY  WY  WY  18. RACE— Black, Specify: WY  WY  WY  18. RACE— Black, Specify: WY  WY  WY  WY  WY  WY  WY  WY  WY  WY							American Indian, hite, etc. te
21215 al or atten for use as	TED	15, DECEDENT'S EDUCATI (Specify only highast grade com	ON pleted)	18a. OECED (Give k	ENT'S L	JSUAL OCCU ork done during retired.)	IPATION ng most of	working	16b. KIND OF I	BUSINESS/INDU	STRY	
D 2 spital or	COMPLET	Elamentary/Secondary (0-12) C	ollege (1-4 or 5+) 2						ist us	Gov't		
the hospital detached for	CO	17. FATHER'S NAME (First, Middle, Last)				39 113		MOTHER'S NA	ME (First, Middle, Maid			
fARYL stained by should be utified at	BE	Charles Dean  198. INFORMANT'S NAME (Type/Print)		105 11	All INC.	ADDRESS (O			Breeding			
MAR e retained 5 5 should notified	2	James D. Flack							Clinton.		ode) 1735	
MORE, age 6 may be director, page		20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetlon 3 Removal	from State Co	h PLACE AND	DATEO	E DISPOSITIO	M /Nama ni	,	DATE 200	LOCATION — CI		State
MO Page 6 direct		4 Donation 5 Other (Specify)	V	Vest Po	oint	Bapt	ist	Church	Cem. Su	ummervi	11e,	Alabama
BALTIMORE, after death. Page 6 may be moval. ical examiner must be	-	1/0.00	1 001	2		Fle	ck F	uneral.	Home. In	c.		
C D aft	$\neg$	23. PART I. Enter the diseases, pr com	prications that ause	d the deeth.	. Do no	760 ot enter the	1 Sau	ndy Spi of dying, suci	ring Road	spiratory erre	of M	0 20707 Approximeta
ely fille nation,		immediate cause (Fine) disease or condition resulting in death)		FICAE	M	4						Interval Between Onset and Death
68760, secuted with nd complet burial, cren	z		ACUTE		,	EMI	A					
BOX ( ate be exe tysician an prior to b	CATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS		NCE OF)	):						
certificate ding physi hygiene pri	RTIFIC	CAUSE (Disease or Injury that Initieted events	DUE TO (OR AS	A CONSEQUE	NCE OF)	):						
마 등 등 등 이	CERT	resulting in deeth) LAST										
RDS, P. at the death of the attence and Mental Hy injury, or	CAL C	PART II. Other significent conditions co	ontributing to deeth	but not resu	iting in	the under	riying ce	use given in	Part I. 24a. WAS	AN AUTOPSY ORMED?		RE AUTOPSY FINDINGS
T a d b c	MEDIC	SIP BYPASS; H	IT, CHICO	nic Bev	AL	tain	RE	1		2 146	CO	MPLETION DF CAUSE DEATH?
		SENILE DEMENTIN	<del>}</del>						_		1 (	YES 2 W NO
一	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLACE	OF DEATH (Che	ck only one)			
CIAN: Th	Š	1 TYES 2 1 40	OSPITAL: Inpatient 2 ER/Out		DOA				8 Other (Specify)			
PHYSIC ith	3	27. MANNER OF OEATH  1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	26	Ib. TIME	OF 284 IRY M 1	WORK?	AT 2 □ NO	28d. OEŞCRIBE HOV	V INJURY OCCU	REO	
DIVISION OF VITA  DRECTH STEMBLE THE POINT THE POINTS A STEMBLE THE POIN	CO	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At homa,	larm, at	reet, lactory,	office		281. LOCATION (Stree City or Yown, Sta		Rural Route	Number,
425	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: O										d manner sa atated.
TO THE HUSPIT TO THE FUNERA De filed within 7	BE (	296. SIGNATURE AND THE OF CERTIFIER	N.m.					LICENSE NUN		29d. DATE	_	onth, Day, Year)
2 2 3 ₹	2	30. NAME AND ADDRESS OF PERSON WHO CO						0227		1.		94
		7120 CONTEE RO	# 260	CAPLE	2_	mo 2	070	7 (	CHE ISTIN	IE DE	Lina	mo)
		31. DATE FILED (MODIL) DOX YOUR 1994	32. BUGISTRAR'S SIG	MATURE 4-V-	we							

BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	r filled in by the funeral director, page 5 should be detached for use as the bunial-transit ison, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

in addition of the state of state of	Middle, Lest)			ERTIF			DEA			REG. N			3. TIME OF DEA	Н
CLII	NTON		FRAZIER						JAN	ÜARY	3, 19	94	10:20	p.
4. SOCIAL SECURITY NUMBER	ER	5. SEX 12 M 2 D F	6. AGE (In yrs. In	at birthday) YRS.	IF UNDE MONTHS	DAYS	IF UNDER	24 HRS.		OF BIRTH th, Day, Year)		6. BIRT Coun	THPLACE (State or Fintry)	reign
Sa. FACILITY NAME (If not ins	stitution, give a	street and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	EATH		9c. CO	UNTY OF	DEATH	_
THE JOHNS		INS HOSPI	TAL		I	BALTI	MORE	CI	TY		MORE			
RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION				10d. INSIDE CITY			
Maryland  100. STREET AND NUMBER							ore	F			10n C	ITIZEN OF	1 YES 2 WHAT COUNTRY?	NO
2818 E. Je	effer					120	5		100.00					
11. MARITAL STATUS  1 Never Married 2 1  3 Widowed 4 Divor		FORCES?	NT EVER IN U.S. AF 1 YES 2 WAR OR DATES		13.	If yes, sp		n, Maxica	in, Puerto	N? (Specify Rican, atc.)	fes or No-	Blee	CE — American Indi	
	EDENT'S EDU		16a. DI	ECEDENT'S	USUAL	OCCUPATIO	N .	-	166	b. KIND OF E	USINESS/II	NOUSTRY		
Elementary/Secondary (0-		College (1-4 or 5	1/6	Bive kind of a. Do NOT u	work done se retired.)	during mo	st of workir	ng						
17. FATHER'S NAME (First, Mic	iddle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maid	en Surneme)			
198. INFORMANT'S NAME (Ty	ype/Print)		16	b. MAILING	ADDRES	SS (Street a	nd Number	or Rural	Route Num	nber, City or 1	own, State, 2	Zip Code)		
1   Burlel 2   Cremation 4   Donation 5   Other 1. SURATURE OF PUNERAL 21 PART   Enter the cit	(Specify) 1. N	state Rona	ld Wad	e,Di	r 22 6	S 5 W	Bal	tim	ores	St, Ba	lto	,MD2	Board	
4 Donation 5 Other 21. SEPARTURE OF PURE RAL 23. ARTT I. Enter the die	(Specify) i n L SERVICE LI Iseases, pr eert fellure.	complications the	1d Wad	e, Di	r 22 6 not ente	S 5 W	Bal	tim	ores	St, Ba	lto	,MD2		etw
23 PART I. Enter the dia shock, pr he limited to th	(Specify) 1 n	complications the Liet only one can be completed to the complete to the comple	at caused the duse on each line	e, Di	r 22 6 not ente	S 5 W	Bal	tim	ores	St, Ba	lto	,MD2	Approxim	etw
23 PART I. Enter the dia shock, or he shock or condition resulting in death)  Sequentially list condition for the shock of the shock or condition resulting in death)  Sequentially list condition for the shock of t	(Specify) I n	complications the Liet only one can be determined by the can be determi	at caused the deuse on each line.  O (OR AS A CONSE	e , Di	r 22 6 not ente	. NAME AN	Bal de of dy	tim	ore:	St, Ba	n 1 to , applicatory a separation of the separat	, MD2	Approximinterval B Oneet and One	etweet De
23. PART I. Enter the dia shock, or he shock per he shock	(Specify) In L SERVICE LINE SER	complications the Liet only one can be determined by the can be determi	at caused the deuse on each line.  O (OR AS A CONSE	e , Di	r 22 6 not ente	. NAME AN	Bal	tim	ore;	24a. WAS. PERF 1 YES	n 1 to , applicatory a separation of the separat	, MD2	Approximinterval B Oneet and MACO MACO MACO MACO MACO MACO MACO MACO	etwid De
23. PART I. Enter the diable. ART I. Enter the diable. ART I. Enter the diable. ART I. Enter the diable. ART II. Enter the diable. ART II. Enter the diable. ART II. Enter the diable. ART II. Enter the diable. ART III. Enter the diable. A	(Specify) In L SERVICE LINE SER	DUE TO  d.  HOSPITAL:	at caused the deuse on each line.  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE  O death but not	e , Di	r 22 6 not ente	. NAME AN 5 5 W	Bal de of dy	tim ing, suc	ores has cer	24a. WAS. PERF 1 YES	n 1 to , applicatory a separation of the separat	, MD2	Approximinterval B Oneet and One	etwid De
23. PART I. Enter the disabotic properties and the second time of runeral and the second time of the second	(Specify) I D L SERVICE LI Seeses, pr eert feliure. sai  Ions, diate NG rry T  Int condition  D MEDICAL	State CENSIFE RON a  complications the Liet only one can  a. DUE TO  b. DUE TO  d	at caused the duse on each line O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	e, Di	r 22 6 not ente	26. PL	Bal de of dy	tim ing, suc	Part I.	24a. WAS. PERF 1 YES	NAUTOPS	, MD2	Approximinterval B Oneet and One	etwid De
23. ART I. Enter the disabock, or he abock, or he abock, or he disabock, or he disabock, or he disabock, or he disabock, or he disabock or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disaboc or injuit that Initiated events resulting in death) LAST  PART II. Other algnification resulting in death)  25. WAS CASE REFERRED TO EXAMINER?  1 Ves 2 NO  27. MANNER OF DEATH  1 Netural 6 1 2 Accident 3 Suicide 6 1 3	(Specify) 1 D L SERVICE LI LISERSON, Dr eert fellure.  Idons, diate NG Iry T	B. DUE TO  DUE	at caused the duse on each line  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE  FINJURY	esth. Do	r 22 6 not ente	26. PL	Bal  de of dy  ACE OF D  ACE OF D  BY  AT  RK7  CES 2 [	tim ing, suc	Part I.	24a. WAS. PERF 1 YES	AN AUTOPS: ORMED? 2 NO	y 24	Approximinterval B Oneet and One	etwid De

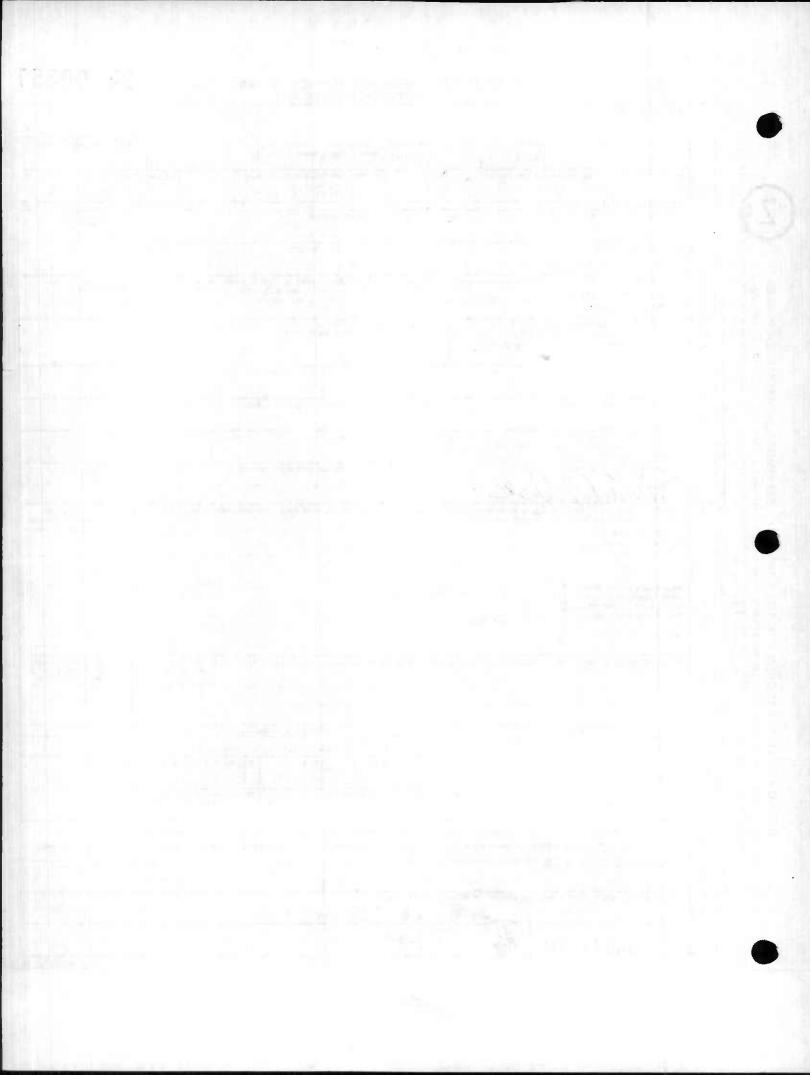
NPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

THE GOON WA MPLETEO CAUSE OF DEATH (COO N

32. REGISTRAR'S SIGNATURE

lfe Street

OHMH-16 Rev 1/89



3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify

1 YES 2 NO

white

Approximata

24b. WERE AUTOPSY FINDINGS

AMILABLE PRIOR TO

1 TES 2 NO

DE DEATH?

9

COMPLETION OF CAUSE

Interval Between Onset and Death

8 RIRTHPLACE (State or Foreign

Virginia

YEAR

USA

4 SOCIAL SECURITY NUMBER

214-32-7996

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

2. DATE OF DEATH

7. DATE OF BIRTH

MDNTH 01-02-1994

BOX 13146, Ö ۵. VITAL RECORDS, DIVISION OF

11-20-1915 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR Howard County General Hospital Columbia Howard County RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e, STATE Maryland Howard County Clarksville permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6125 Tulane Road for use as the bunial-transit 21029 urs after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5 +) Homemaker Own home unkhown director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnama) Ħ Carroll J. Reid Rhea C. Unglaub BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John B. Heflin 6125 Tulane Rd., Clarksville, MD 21029 pe 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Balto-Wash Crematory 4 Donation 5 Other (Specify) Laurel, MD 21. SIGNATURE OF FUNERAL SERVICE LICE examiner 22. NAME AND ADDRESS OF FACILITY funeral Slack Funeral Home, P.A. M00535 ul Ellicott City, Maryland 21043 the medical 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or hast failure. List only one cause on each line. filled in by IMMEDIATE CAUSE (Final completely filled rial, cremation, o the disease or condition m453,10 resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) and com o bunial, COROMAN traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Mygiene prima If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events signed by the attending Health and Mental Hygier resulting in death) LAST 10 HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL any 1 TYES 2 ND has been signe Dept. of Health n 23 shows a PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) this certificate has with the State Darked, or Item tem HOSPITAL: OTHER: 1 YES 2 MANO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJUSTY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation After 1 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 40 6 Could not be determined DIRECTOR: A hours after d ETED 4 Homicide 28 Item 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL FUNERAL I MPORTANT: IS 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE 2 30. NAME AND ADDRESS OF PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5540 Per other ENENTE TRAR'S SIGNATURE

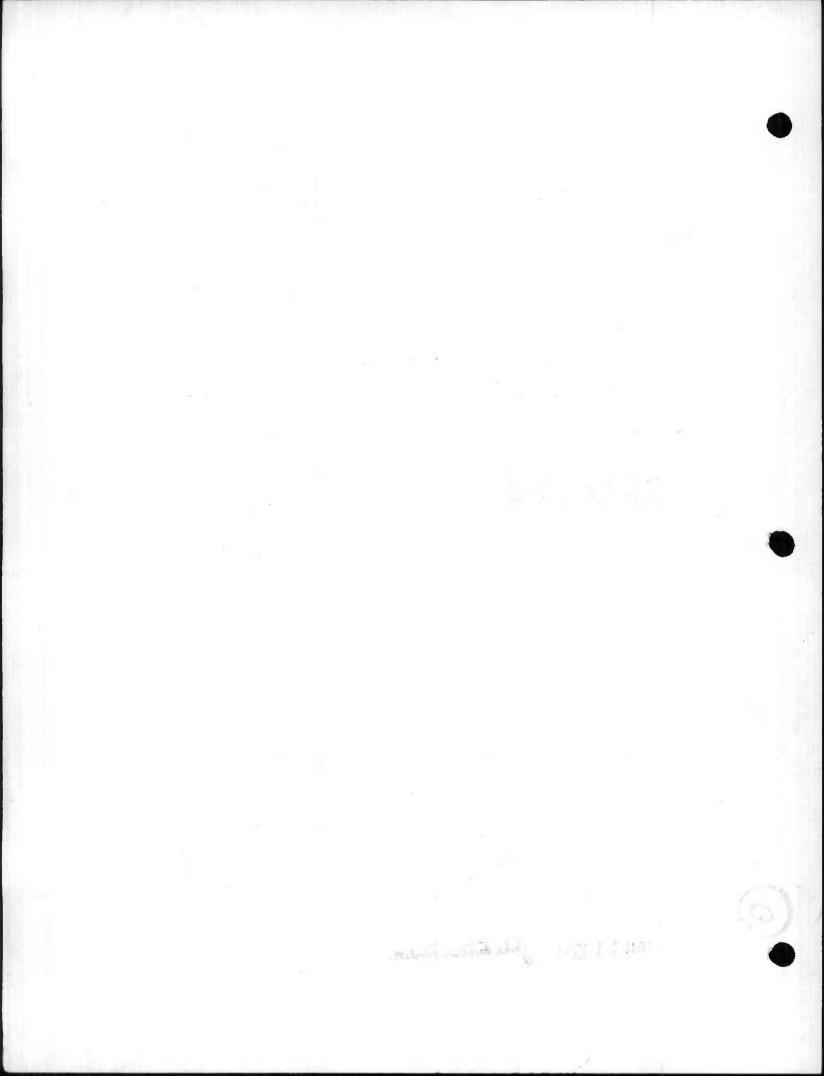
BYRNA JUNE FIERSTEIN

1 M 2 F

B. AGE (In vrs. last birthday)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	100
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NOI	Street, or other Designation of
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	1

	1 - FOR STATE REGISTRAR	STATE OF MARY		EPARTMEN RTIFICAT				GIENE .	با ا	00359	
- 1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DAY YEAR 3. TH			
	NORMAN H. FIGGS, SR.						1 8 94			1:05p	
	4. BOCIAL SECURITY NUMBER 218-07-9941	77-9941 1X0 M 2 □ F 73 YI			DAYS	HOURS MIN.	8/15/1920 Mary1:			ryland	
Œ	9s. FACILITY NAME (If not institution, give street and number)  9s. COUNTY OF DEATN  9c. COUNTY OF DEATN  9c. COUNTY OF DEATN									DEATN	
57	St.Agnes Hospital Balto.City,Md										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?			
	Maryland Balto.Co. Pasadena  104. STREET AND NUMBER						I 100 C	1 YES 2 NO			
BAL	1414 Peace Drive 2:						2	States			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	R IN U.S. ARME S 2 NO DATES	MED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify					les or No- 14. RACE — American Indian, Black, White, atc. Specify: White			
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND	166. KIND OF BUSINESS/INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mb. D	o NOT use retired	)	out or working					
COMPL	11th.Grade		Sa	lesman	1				Co.		
_	17. FATHER'S NAME (First, Middle, Last)	harles 1	Finas			Mary	AME (First, Middle, I			ngton	
BE	19a. INFORMANT'S NAME (Type/Print)			MAILING ADDRE	SS (Street	and Number or Rural	Route Number, City			119 0011	
2	Mrs.Doris Sch	hneider		1414 I	eac	e Drive	e, Pasad	ena, M	d.21	122	
	20s. METHOD OF DISPOSITION  1								own, State		
	McCully Funeral Home, 237 E. Patapso 23. PART i. Enter the diseases, or complications that caused tha deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate									.Patapsc	
	ahock, or heert feilure iMMEDIATE CAUSE (Final disease or condition resulting in death)		2 he	art	failu	re	1157		Interval Betwee		
		DUE TO (O) AS	A CONSEQU	ENCE OF):	2					Zwk	
CATION	disease or condition resulting in death)  a. Concestive heart failure  DUE TO (DE AS A CONSEQUENCE OF):  MUCCANDIAL INFANCTION  If any, leading to immediate									200	
RTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): Tesuting in death) LAST										
CER		d									
4: MEDICAL	PART II. Other algoriticent condition	oscleros is				ig cause given ii		MAS AN AUTOPS' PERFORMED? YES 2 NO	24	b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C	theck only one)				
SIC	1 VES 2 NO		HOSPITAL: OTHER: Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 D						Other (Specify)		
PH	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJUR' (Month, Day, Year	Y	28b. TIME OF INJURY	W	JURY AT DRK?	28d. DESCRIBE	NOW INJURY O	CCURED	THE 0 FO	
BY	2 Accident Investigation		M 1 TYES								
TED	3 Suicide 8 Could not be 4 Nomicide detarmined	Duriding, etc. (Specify)							Houte Number,		
J.	29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.								tated,		
COMPLETE	one)	NER: On the basis of examinat			1					(a) and manner as stated	
ш	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)								D (Month, Day, Year)		
0	Che & Keed D41843 > 1/10/94									0/94	
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUSE OF	DEATH (ITEM	37) (Time, Print)						1	

31. DATE FILED (Month, Day, Year)

JAN 10 1994

32. REGISTRÂN'S SIGNATURE

DHMH-18 Rev 1/89

4 . .

BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physicia. In by the funeral director, page 5 should be detached for use as the burial-ti	or remova.  nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to Outral, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, I				OF DE		REG					
and the Control of th	FREEDENBURG	REGINA FREE	EDENBU	JRG		2. DATE OF DEA MONTH	TH DAY 07	YEAR 94	3. TIME OF DEATH  1:10 p M		
4. SOCIAL SECURITY NUMBER 213-20-5090				IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRT	1900	8. BIRTHPLACE (State or Fo Country) Maryland			
9a. FACILITY NAME (If not institution,	e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DE			. COUNTY OF DEATH			
Dulaney Towson	Dulaney Towson Nursing Center				Towson			Baltimore			
RESIDENCE OF DECEDEN	RESIDENCE OF DECEDENT								10d. INSIDE CITY		
Maryland					10c. CITY, TOWN OR LOCATION TOW SON						
10e. STREET AND NUMBER				101. ZIP	COOE		10g. Cl	TIZEN OF I	WHAT COUNTRY?		
111 West Rd.	111 West Rd.				21204			S.A.			
10e. STREET AND NUMBER  111 West Rd.  11. MARITAL STATUS  1 Never Married 2 Merried  3 🔀 Widowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 YES				13. WAS DECENDENT OF HISPANIC ORIGINAL Medican, Puerto 1 YES 2 NO Specify:						
15. DECEDENT'S (Specify only highest		16a. DECEDENT	S USUAL OC	CUPATION		16b. KIND (	F BUSINESS/IN	DUSTRY			
Elementary/Secondery (0-12)  1.2  17. FATHER'S NAME (First, Middle, Last				(Give kind of work done during most of working life. Do NOT use retired.)  Housewife			Own Home				
17. FATHER'S NAME (First, Middle, Las	1)	· · · · · · · · · · · · · · · · · · ·		18.	MOTHER'S NA	ME (First, Middle, A	faiden Surneme)				
Eugene Tilden	Somerville				Nellie	Ellen	Jamison	1			
19a. INFORMANT'S NAME (Type/Print) Judith Smith						Rd. Canton, Ga.30115					
208. METHOD OF DISPOSITION		20b. PLACE AND OA	PLACE AND OATE OF DISPOSITION (Name				OATE 20c. LOCATION City or Town, State				
1 Surial 2 Cremation 3 4 Donation 5 Other (Specify)					ark	1-10	Parkvi	lle,	Md.		
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE		22. NAME AND ADDRESS OF FA								
23. PART I. Enter the diseeses	33/7		10	050 Yc	rk Rd.	Towson	, Md. :	21204	1		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	surfing in death)  a. **Bull Apunation**  Oue TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):						interval Between Onset end Death				
resulting in death) I AST	d										
resulting in death) LAST											
PART II. Other significent con-	ditione contributing to de	ath but not resulting	g in the un	nderlying ce	use given in	P	AS AN AUTOPS ERFORMED? YES 2 NO	7 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2		
PART II. Other significent con-	AL	ath but not resulting		26. PLACE	OF DEATH (Ch	1 []	ERFORMED?	7 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent con-	AL HOSPITAL:	eath but not resulting	ОТИЕЯ	26. PLACE	OF DEATH (Ch	1 []	erformeo?	7 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent con-	HOSPITAL: 1   Inpetient 2   E	R/Outpatient 3 □ DOA JURY 28b. T	OTHER Wurs	26. PLACE R: sing Home 5	OF DEATH (Ch	eck only one)	res 2 no		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inperient 2   E 280. DATE OF IN. (Month, Day,	R/Outpatient 3 □ DOA JURY 28b. T	OTHER 4 Num	26. PLACE R: sing Home 5	OF DEATH (Ch	eck only one)  6 Other (Speci	res 2 no		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent conditions of the con	HOSPITAL:    HOSPITAL:   I   Inpatient 2   E   280. DATE OF IN (Month, Day):  atton ot be   280. PLACE OF Is building, etc.	R/Outpatient 3 DOA JURY 28b. T 1/9er/ 28b. T NJURY — At home, farm	OTHER 1 Num IME OF NJURY M	26. PLACE R: sing Home 5 26c. INJURY WORK? 1  YES	OF DEATH (Ch	eck only one)  6 Other (Speci	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 40		
PART II. Other significent conditions of the con	HOSPITAL:    HOSPITAL:   I   Inpatient 2   E   280. DATE OF IN (Month, Day):  atton ot be   280. PLACE OF Is building, etc.	R/Outpatient 3 DOA JURY 28b. T Year)  NJURY — At home, farm. (Specify)	OT HER 4 Nurs IME OF NJURY M n, atreet, factor	26. PLACE R: sing Home 5 28c. INJURY WORK? 1  YES tory, office	OF DEATH (Ch Residence AT 2 NO	eck only one)  5 Other (Special Describe City or Town)	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCUREO or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 YOU  Route Number,		
PART II, Other significent conditions and the conditions are conditionally as a condition of the condition o	HOSPITAL:  1 Inpatient 2 E  28e. DATE OF IN (Month, Dey, etion of be bed  28e. PLACE OF II building, etc	R/Outpatient 3 DOA JURY 28b. T Year)  NJURY — At home, farm. (Specify)	OT HER 4 Nurs IME OF NJURY M n, atreet, factor	26. PLACE R: sing Home 5 2ec. INJURY WORK? 1 YES tory, office	OF DEATH (Ch Residence AT 2 NO	eck only one)  8 Other (Special Describe  26f. LOCATION City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	ccureo or or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 YOU  Route Number,		
PART II, Other significent conditions and address of Person and Ad	AL HOSPITAL:  1 Inpatient 2 E 28e. DATE OF IN (Month, Dey, ot be bed)  28e. PLACE OF I building, etc.  28e. PLACE OF II building, etc.  AMINER: On the best of examination on the best of examination of the best of the best of the best of examination of the best of the be	R/Outpatient 3 DOA JURY 28b. T Year)  NJURY — At home, farm t. (Specify)  / knowledge, death occunination end/or investiga	IME OF NJURY M	26. PLACE R: sing Home 5 2ec. INJURY WORK? 1 YES tory, office	OF DEATH (Ch Residence AT 2 NO place, end due occured at the	eck only one)  8 Other (Special Describe  26f. LOCATION City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	ccureo or or Rural tated.	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 40  Route Number,		
PART II. Other significent conditions and significent conditions are significent conditions.  25. WAS CASE REFERRED TO MEORE EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Netural 5   Pending investigated inves	HOSPITAL:    I   Inpetient 2   E  28e. DACE OF II  without to be bed  28e. PLACE OF II  building, etc  PHYSICIAN: To the best of my  AMINER: On the best of exam  TITIELER  ON WHO COMPLETED CAUSE	R/Outpatient 3 DOA JURY 28b. T Year) 28b. T NJURY — At home, farm L (Specify)  I knowledge, death occur nination end/or investiga	of HER Aure 1 Mercet, factor Marred at the titlon, in my or ppe, Print)	26. PLACE R: sing Home 5 2ec. INJURY WORK? 1 YES tory, office	OF DEATH (Ch Residence AT 2 NO place, end due occured at the	eck only one)  8 Other (Special Describe  26f. LOCATION City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	ccureo or or Rural tated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 40  Route Number,		
PART II, Other significent conditions and address of Person and Ad	THE PHYSICIAN: To the best of my AMINER: On the best of my AMINER: On the best of my AMINER: On the best of my AMINER: On the best of my AMINER: On the best of axangular and	R/Outpatient 3 DOA JURY 28b. T Year)  NJURY — At home, farm t. (Specify)  / knowledge, death occunination end/or investiga	of HER Aure 1 Mercet, factor Marred at the titlon, in my or ppe, Print)	26. PLACE R: sing Home 5 2ec. INJURY WORK? 1 YES tory, office	OF DEATH (Ch Residence AT 2 NO place, end due occured at the	eck only one)  8 Other (Special Describe  26f. LOCATION City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	ccureo or or Rural tated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 40  Route Number,		
PART II. Other significent conditions of the condition of	THE PHYSICIAN: To the best of my AMINER: On the best of my AMINER: On the best of my AMINER: On the best of my AMINER: On the best of my AMINER: On the best of axangular and	R/Outpatient 3 DOA JURY 28b. T Year) 28b. T NJURY — At home, farm A knowledge, death occur of kn	of HER Aure 1 Mercet, factor Marred at the titlon, in my or ppe, Print)	26. PLACE R: sing Home 5 2ec. INJURY WORK? 1 YES tory, office	OF DEATH (Ch Residence AT 2 NO place, end due occured at the	eck only one)  8 Other (Special Describe  26f. LOCATION City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	ccureo or or Rural tated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 40  Route Number,		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

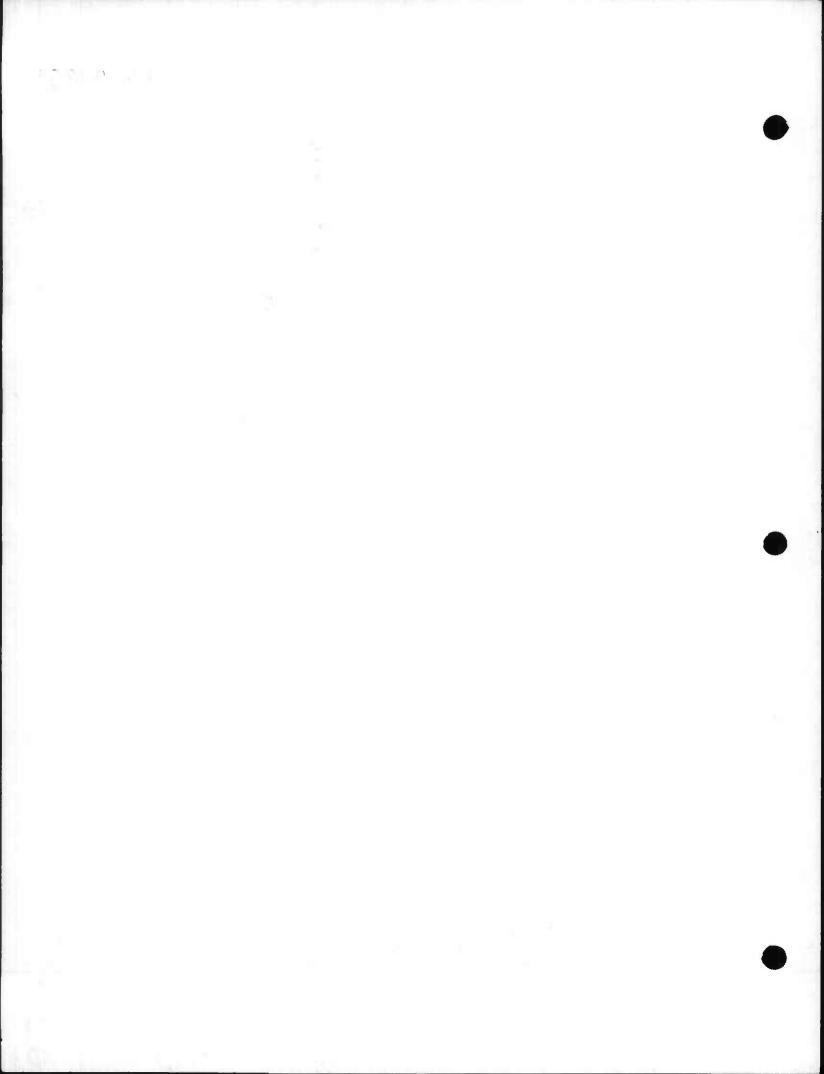


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-0020	ng physician.	the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	oval.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			IENTAL HYGIEN		4 00301	
	1. DECEDENT'S NAME (First, Middle, Las	st)				2. DATE OF DEATH		3. TIME OF DEATH	
1 3	Frederick T. Gos	eman Jr.				January 8		3:30 p. M	
	4. SOCIAL SECURITY NUMBER		111111111111111111111111111111111111111	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
	218-05-1169	1⊠M2□F 75	YRS. MO	NTHS DAYS	HOURS MIN.	Nov, 16,		Country) Maryland	
	Se. FACILITY NAME (If not institution, give	e street and number)	94	CITY, TOWN OR	LOCATION OF DEA		9c. COUNTY	OF DEATH	
DIRECTOR	5210 Wright Ave	enue	F	Baltimor	ce				
	RESIDENCE OF DECEDENT  10a. STATE  10b. COU		Inc CITY TO	OWN OR LOCATIO	OM .			to a mining over	
IN IN				imore	J. 1			10d. INSIDE CITY LIMITS?	
	Maryland				ZIP CODE		T 10a, CITIZEN	1 ▼ YES 2 NO  OF WHAT COUNTRY?	
FUNERAL	5210 Wright Ave	enue			21205		U.S.A.		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECE	NDENT OF HISPANI	C ORIGIN? (Specify Ye	1	RACE — American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES			elfy Cuban, Mexican  NO Specify:	, Puerto Rican, etc.)		Black, White, etc. Specify:	
		World W						White	
TED	15. DECEDENT'S E (Specify only highest gro	nde completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most	of working	16b. KIND OF BU	SINESS/INDUS	TRY .	
P.	Elementary/Secondary (0-12) N/A	N/A	Mold Poli	,		Glass	Commoni	,	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	N/A	Mold Foll		18 MOTHED'S NAM	IE (First, Middle, Meiden	1 2		
	Frederick C. Go	ssman				ne M. Sch		er	
BE	19a. INFORMANT'S NAME (Type/Print)	Joshan	19b. MAILING AD			oute Number, City or Tox			
5	Frederick A. Go	ossman (Son)				altimore,			
	20a. METHOD OF DISPOSITION 1 Buriel 2 X Cremetion 3 B	201	PLACE AND DATE OF D	ISPOSITION (Nam	ne of		CATION — City		
	4 Donation 5 Other (Specify)	emoval from State	reen Moun	t Cremai	tory	1/11 Ba	1timor	e, Maryland	
1 1	21. SIGNATURE OF FUNETIAL SERVICE	LICENSES	_	22. NAME AND	ADDRESS OF FAC		_		
	1 Min 27	Emil				eral Home		Md. 21213	
	23/ PART I. Enter the diseases, o	or complications that cause	d the deeth. Do not						
1 1	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel  Onset and Death								
	disease or condition resulting in death)	a. Squam	ous Cel	1 hus	MA CCA	week			
	resulting in ceating	DUE TO (OR AS	CONSEQUENCE OF):		7			†	
Z	Sequentially list conditions.	- bl	) ia betes	mell	itus				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	CONSEQUENCE OF):						
	CAUSE (Disease or injury	C. DUE TO (OR AS	1 DEVTEUS	IOU					
Ē	that initiated events resulting in death) LAST							į į	
CE		_ d,							
AL.	PART II. Other significant conditi	lons contributing to death t	out not resulting in t	he underlying	cause given in P	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
l e						1 YES :	NO NO	COMPLETION DF CAUSE OF DEATH?	
ž.						_		1 - YES 2 NO	
Ä									
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE DF DEATH (Chec				
S	1 TYES 2 NO	1 Inpetient 2 ER/Out	28b. TIME O		5 Pasidence 6				
	27. MANNER OF DEATH					28d. DESCRIBE HOW	INJURY OCCUR	ED	
PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY						
B	1 Naturel 5 Pending 2 Accident Investigatio	(Month, Day, Year)		M 1 TYE	S 2 NO	28f. LOCATION (Street	and Number or i	Rural Route Number	
B	1 Natural 5 Pending	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Soe	— At home, farm, stree	M 1 TYE	S 2 NO	281. LOCATION (Street City or Yown, State	and Number or i	Rurel Route Number,	
B	1 Naturel 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stree	M 1 ☐ YE	S 2 NO	City or Town, State	)	Bural Route Number,	
B	1 Naturel 5 Pending Investigation 3 Suicide 6 Could not 1 determined  29a. CERTIFIER (Check only	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe  YSICIAN: To the bast of my know	/ — At home, farm, stree	M 1 TYE	S 2 NO	City or Town, State	nner as stated.		
COMPLETED BY	1 Naturel 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide 6 CERTIFYING PH (Check only one) 2 MEDICAL EXAM	28e. PLACE OF INJURY building, etc. (Spe  YSICIAN: To the bast of my know INER: Dn the basis of examination	/ — At home, farm, stree	M 1 YE  It, factory, office  It the time, date en  In my opinion, dea	nd place, and due to	City or Town, State to the cause(a) and ma Ima, date and place, an	nner as stated.	iuse(s) and manner as stated.	
BE COMPLETED BY	1 Naturel 5 Pending Investigation 3 Suicide 6 Could not 1 determined  29a. CERTIFIER (Check only	28e. PLACE OF INJURY building, etc. (Spe  YSICIAN: To the bast of my know INER: Dn the basis of examination	/ — At home, farm, stree	M 1 YE  It, factory, office  It the time, date en  In my opinion, dea	nd place, and due to the total course at the total course at the total course at the total course of the t	City or Town, State to the cause(a) and ma ima, date and place, as	nner as stated.		
E COMPLETED BY	1 Naturel 5 Pending Investigation 3 Suicide 6 Could not 1 determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TUTLE OF CERTIF	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe  YSICIAN: To the bast of my know INER: On the basis of examination	/— At home, farm, streethy) ledge, death occurred at a sad/or investigation, in	M 1 — YE  It, factory, office  It the time, data as n my opinion, dea	nd place, and due to	City or Town, State to the cause(a) and ma ima, date and place, as	nner as stated.	iuse(s) and manner as stated.	
BE COMPLETED BY	1 Naturel 5 Pending Investigation 2 Accident determined Investigation 6 Could not 1 determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TUTLE OF CERTIF	(Month, Day, Year)  28e. PLACE OF INJUM building, etc. (Spe  YSICIAN: To the bast of my know INER: Dn the basis of examination FIER  WHO CDMPLETED CAUSE OF DE	/— At home, farm, streetly) ledge, death occurred a n and/or investigation, in	M 1 UYE  It, factory, office  It the tima, data at n my opinion, dea	nd place, and due to at the coursed at the to 29c. LICENSE NUMB	City or Town, State to the cause(a) and ma Ima, date and place, at	nner as stated.  nd due to the co	iuse(s) and manner as stated.	
BE COMPLETED BY	1 Naturel 5 Pending Investigation 2 Accident determined Investigation 6 Could not 1 determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TUTLE OF CERTIF	YSICIAN: To the bast of my know iNER: Dn the basis of examination of examination of the basis of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of e	I Al home, farm, streethy and an and/or investigation, in the streethy and	M 1 UYE  It, factory, office  It the tima, data at n my opinion, dea	nd place, and due to the total course at the total course at the total course at the total course of the t	City or Town, State to the cause(s) and ma ima, date and place, as BER	nner as stated.	iuse(s) and manner as stated.	



1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last	M.	GAM	BLE			2. DAT MON		DAY	YEAR 3.	TIME OF DEATH
7	4. SOCIAL SECURITY NUMBER 076 26 9120	1 M 2 F	AGE (In yrs. last	YRS. MONT			MIN. (Mor	E OF BIRTH oth, Day, Year)	34 !	S. CAR	
TOR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  97. COUNTY OF DEATH  1 A  1 BALTIMORE, MD  1 A  1 A  1 A  1 BALTIMORE, MD  1 A  1 A  1 BALTIMORE, MD								Н		
DIRECTOR	10a. STATE 10b. COUN MARYLAND	n/a		10c. CITY, TOV		LTIMORE					d. INSIDE CITY LIMITS? XYES 2 NO
FUNERAL	901 DRUID PARK LA				101. ZIP CODE 21217				UNIT	ED STA	ATES
BY	11. MARITAL STATUS  1 Never Married 2 XX Married  3 Wildowed 4 Divorced	12, WAS DECEDENT E FORCES? 1 [ IF YES, GIVE WAR	YES 2XYN		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifif yea, specify Cuban, Maxican, Puerto Rican, etc. 1 YES 2 XXNO Specify:				na or No	Black, W	American Indian, hite, atc. BLACK
PLETED	15. DECEOENT'S ED (Specify only highest gra-		(Gh	CEOENT'S USUA PE kind of work of DO NOT use retin UNEMPLOY	one during m ed.)	ION lost of working	16	b. KIND OF BU		ISTRY	
BE COMP	17. FATHER'S NAME (First, Middle, Liet) NATHANIEL HODGES				18. MOTHER'S NAME (First, Middle, Maiðen Surneme) N/a						
10 8	19a. INFORMANT'S NAME (Type/Print) CYNTHIA ELEY			420 PEN	NSYLVA	and Number or NIA AVE	Rural Route Nur ENUE, BA	nber, City or To LTIMORE	wn, State, Zip ( , MARYL)	Code) AND	21217
	20a, METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Ra  4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE I			ND DATE OF DIS	FAL G	ARDE			OCATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH. – 1101 E. NORTH AVENUE  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximately 1.										
CERTIFICATION	shock, or haert failure. List only one cause on each line.  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one cause on each line.  Initerval Be Onset and  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								Interval Bel		
MEDICAL	PART II, Other significant condition	ona contributing to de	eath but not re	eaulting in the	underlyir	ng cauae giv	en in Part I.	24s. WAS APERFO	PRMED?	AM CO OF	ERE AUTOPSY FINI AILABLE PRIOR TO MPLETION OF CAI DEATH?  YES 2 PAG
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	P/Outpetlant 2		IER:		TH (Check only o				
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY Year)	28b. TIME OF INJURY	28c. IN W	JURY AT ORK? YES 2 1	28d. DI	ESCRIBE HOW	INJURY OCCI	URED	
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)							e Number,			
COMPLET	onel	SICIAN: To the best of my									nd manner as ata
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	M.D.				29c. LICENS	679		29d. DATE	SIGNED (M	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON OF MICHAEL I	EON G	2.2	5. G R	EEN	E 5	r, B	ALTI	won E	M	0 3,2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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1 - FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

ADA

DIVISION OF VITAL RECORDS P.O. BOX 68760

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	MONTHS D	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Fo
묨		273-40-6131	1 🗆 M 2 💢 F	6-5 Y	AS.		11-13-1	9 Kinston, 1
3 should	Œ	9e. FACILITY NAME (If not institution, give s		N/ 4	9b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY OF DEATH
2	5	RESIDENCE OF DECEDENT	Amil ton	N.C.	1	Altimore		<u> </u>
Pages	DIRECTOR	10a. STATE 10b. COUNTY	-	100	CITY, TOWN OR L	OCATION		10d, INSIDE CITY LIMITS?
ermit.		10e. STREET AND NUMBER			DAIT	101, ZIP CODE		1 VES 2 1
physician. burial-transit permit. Pages 1.	FUNERAL	5215 Wil		eights	Ave	2121		USA
	ΒY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARMED YES 2 NO WAR OR DATES	If ye	s, specify Cuben, Mexico YES 2 NO Specif	n, Puerto Rican, etc.)	e or No— 14. RACE — American India Black, White, etc. Specify:
r attending use as the	윤	15. DECEDENT'S EDU-		16e. DECEOE	NT'S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INOUSTRY
Q = V	LET	Elementary/Secondary (0-12)	College (1-4 or 5	+) life. Do A	IOT use retired.)	4 1		
the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)		1/1/6	ITSING	1+1 de	ME (First, Middle, Maiden	Company
क दिन	BE C	PUYEAR	Cobb			MA	4be11	I. Davis
retained to 5 should notified	5	Gloria Jean.	Davis-	COX 32	ILING ADDRESS (St	reet end Number or Rural		
may be		20e. METHOD OF DISPOSITION			ATE OF DISPOSITIO	NINAMEN		CATION - City or Town, State
a ecte		1 Buriet 2 Cremation 3 Remaid Donetion 5 Other (Specify)	oval from Stata	cemetery cremator	y or other place)		1/12/94	MATYLAND
death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LIC	spirate			E AND ADDRESS OF FA	CILITY 1206	W. North AL
0 = 0	- 3	> 711CK	our		Wi	lliam C.	Brown 1	Community F. 1
E SE		23. PART I. Entar the diseases, or cannot shock, or heart fellure.	omplications tha	t coused the deeth.	Do not entar the	mode of dying, suc	h es cerdiac or respi	Iratory arrest, {   Approxima
D o E		IMMEDIATE CAUSE (Final						Intervel Be Onset end
		disesse or condition resulting in death)	RE	SPIRATOR (OR AS A CONSEQUEN	y #	FAICURE		
8 9 - 9	_	_		OR AS A CONSEQUEN	CE OF):			
8 0 5	CATION	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEQUEN	CE OF):			
	<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury			× 1 × 2 × 2			
	RTIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUEN	CE OF):			
m = m = -	CER		l					
		PART II. Other significent condition	contributing to	death but not result	ling in the under	lying cause given in	Part I. 24a. WAS AN PERFOR	
uires that signed by Health an	MEDICAL						1 🗀 YES 2	COMPLETION OF CO
	M							1 - YES 2 - N
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL				OR DI ACE OF DEATH (C)	1	
E ## 5	PHYSICIAN	EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ D	QTHER:	Home 5 Residence		
rSICIAI certif th the d, or	H.	27. MANNER OF OEATH	28e. OATE OF (Month, D	INJURY 28b		. INJURY AT	28d. OESCRIBE HOW I	NJURY OCCUREO
DING PHYS After this of death with	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, E	ay, reary		WORK?  YES 2 NO		
		3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE C building,	OF INJURY — At home, to etc. (Specify)	erm, street, tectory,	offica	28t. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,
	=	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, death o	coursed at the time	data and place, end due	to the cause(s) and may	nner se stated
Z ZZ #	COMPLETED	one)						nd due to the ceuse(e) end menner ee st
THE HOSPI THE FUNER filed within	BE C	296. SIGNATURE AND TITLE OF CERTIFIEF	)			29c. LICENSE NUI	MBER	29d. DATE SIGNEO (Month, Day, Year)
E E E E E E E E E E E E E E E E E E E	0 8	Cherganasoare	on h			D1661	9	1/8/94
d	F	30. NAME AND APORESS OF PERSON WH						- 140
X		C . VERGARA - S		100 A	· 15/401	NUXY S	1. TSAL	T. MD. 21231
U		JAN 1 1 1994	Julie	widow Bad	e .			

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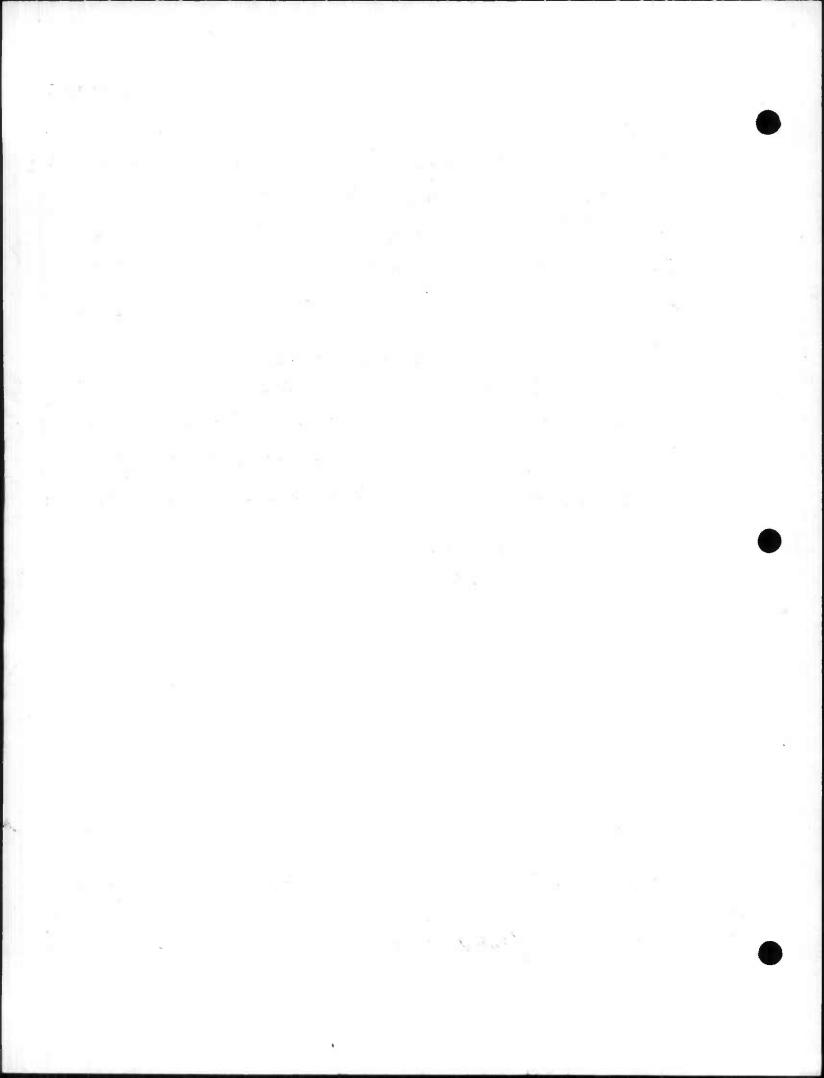
CERTIFICATE OF DEATH

2. DATE OF DEATH

MONTH VAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. SPAY 1994 6. BIRTHPLACE (State or Foreign Kinston. 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Black, White, etc. BUSINESS/INOUSTRY len Sumame) Town, State, Zip Code) BAlto. MD LOCATION — City or Town, State Maryland North Community epiratory arrest, Approximata Intervel Between Onset end Deeth AN AUTOPSY FORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO W INJURY OCCURED net and Number or Rural Route Number, afe)

end due to the ceuse(e) end menner ee stated. 29d. DATE SIGNEO (Month, Day, Year) 1/8/94



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RATENDING PHYSICIAN. The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Debt, of Health and Mental Hyolene prior to bunial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING PHYSI	THE FUNERAL DIRECTOR: After this filed within 72 hours after death with	MPORTANT: If item 28 is marked, o
TO THE	TO THE	MPOF

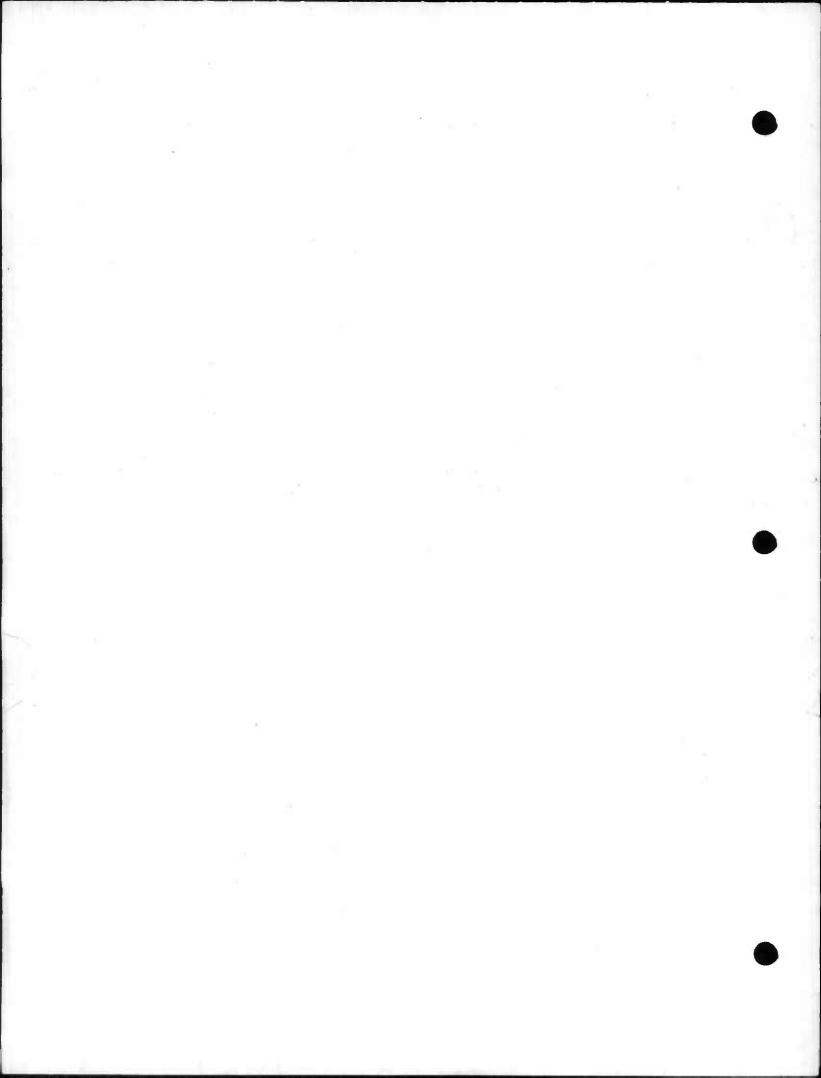
	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIE		94 00364		
		ederick Ger	muth		2. DATE OF DEATH MONTH January	0AY5, 13	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219–18–8227	1 🔀 M 2 🗆 F	70 YRS. MONT	HS DAYS HOURS MIN.	HOURS MIN. Sept. 24, 1923  ### 1923  BIRTHPLACE County)  Mary.  ### 1923				
TOR	9a. FACILITY NAME (If not institution, give Carroll College of December 1	unty General H		Westminste			roll		
DIRECTOR	10a. STATE 10b. COU	10a. STATE 10b. COUNTY 10c. CIT				10d. INSIDE CITY LIMITS? 1 TYES 2 X NO			
FUNERAL		mlock Drive		101. ZIP CODE 21784			N OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Max 1 YES 2 ANO Spe	can, Puerto Rican, atc.)	es or No— 14	BACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12)	DUCATION ide completed)  College (1-4 or 5+)	life. Do NOT use retir	one during most of working	16b. KIND OF B	usiness/indus Lerical			
ш	17. FATHER'S NAME (First, Middle, Lest) Frederick	George Germut	ch .		name (First, Middle, Malde nna Elizabe		wn		
TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. Alice M.	Germuth		RESS (Street and Number or Rur Hemlock Dri					
	20c. METHOD OF DISPOSITION    Burlel 2   Cremation 3   Removal from State   Donation 6   Other (Specify)   Carroll Cremation Serv. 1/6/9   Hampstead, MD								
	22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (Box 195) Sykesville, MD 21784 (4100 795–1400								
CERTIFICATION	23. PART I. Enter the diseases, or complications that each death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant condit	ions contributing to death b	ut not reaulting in the	s underlying ceuse given		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp		26. PLACE OF DEATH (			•		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED		
2 Accident investigation 28s PLACE OF INJURY — At home farm stread factory office.							Rural Route Number,		
COMPLETED		YSICIAN: To the best of my know							
BE.	296. SIGNATURE AND TITLE OF CENTU	Cux		Dz 43		29d. DATE S	SIGNED (Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)			- 1			
	31. DATE FILEO (AAAAAA 7 4 4 47)	BEGISTRAR'S SIGN							

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with	plete	rem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the It	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the 1 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with from a first death. Page 6 may be retained by the 1 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND MI	ENTAL HYGIEN		4 00365			
Ì	1. DECEDENT'S NAME (First, Middle, Last) SARAH	Elizabet	h HALL		1	DATE OF DEATH		3. TIME OF DEATH 2:21P M			
			n yrs. last birthday)	F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Ybar)		DIRTHPLACE (State or Foreign Country)			
1	9e. FACILITY NAME (If not institution, give street			b. CITY, TOWN O	R LOCATION OF DEAT	9-29-189	9c. COUNTY	Maryland OF DEATH			
TOR	GLADYS SPELLMAN NO	JRSING CENT		CHEVER	LY MD		Princ	e George Co			
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	Maryland Prince	e George (		everly	ZIP CODE		40. 01717511	1 YES 2 NO			
FUNERAL	2900 Mercy Lane		inurs Hr	1 101.	20785		- 334	OF WHAT COUNTRY?			
FUN	11. MARITAL STATUS 12 1 Never Married 2 Merried	. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPANIC city Cuben, Mexicen, i	ORIGIN? (Specify Yee Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc.			
BY	3 ★ Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:	,		Specify: White			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos	N at of working	16b. KIND OF BUS	INESS/INDUST	RY			
PE	Elementary/Secondery (0-12) C	College (1-4 or 5+)	me. Do NOT use I	etreu.)		Nurse					
CON	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Maiden		/			
BE	George Thompso  190. INFORMANT'S NAME (Type/Print)	n	10h MAII ING AI	DDBESS (Steel o		Thompson the Number, City or Town		(4)			
유	Albert Hall		7810	Clark 1	Rd , A - 11	Holiday	Mobi.	essup,MD LeEstate			
	20a. METHOD OF DISPOSITION  1		PLACE AND DATE OF etery, crematory or othe		me of	DATE 20c. LO	CATION — Cify	or Town, State			
	21. SIGNATURE OF TURERAL SERVICE LICENS	SEE Ronald W	ade, Di								
	Janen 16	me		655W.	Baltimor	eSt,Bal	to,MD	21201			
	23 PART I. Enter the diseases, Dr com shock, Dr heart feliure. List	plicationa that caused t Dnly Ona cause on as	the death. Do not ch lina.	enter the mod	de of dying, auch a	as cardiac or respi	ratory arrest,	Approximate interval Batween			
1	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Alzh	· timer	. 0	secie			Onset and Daath			
	ioediting in daatii) a		CONSEQUENCE OF):					70 700			
ON	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
ICAI	cause. Entar UNDERLYING CAUSE (Disease or Injury										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
	PART II. Other significant conditions of	ontributing to death bu	ut not reaulting in	tha undarivino	cause given in Pa	ert i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL					, dans grown in 10	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEC								OF DEATH?  1  YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check	r only one)					
SIC		OSPITAL:	itient 3 DOA 4	THER:	5 Reeldence 6						
	27. MANNER OF DEATH  1 Minural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	WO!	JRY AT 2 RK? ES 2 NO	ad. DEŞCRIBE HOW II	NJURY OCCURE	ED			
ED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, atro	eet, fectory, office	2	St. LOCATION (Street a City or Town, State)	and Number or R	lural Route Number,			
COMPLETED	290. CERTIFIER (Check only	N: To the best of my knowle	edge, death occurred	at the time, date	end place, end due to	the cause(e) and man	ner es stated.				
OME	one)							use(e) end manner ee stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 AH	enday ,	Lynni	29c. LICENSE NUMBI	ER 072	29d. DATE SIG	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO C		TH (ITEM 27) (Type, P.	rint)				-/-			
	Don Yab 1000			0 6 50	earbell /	Ed Je	ibrosh	1 mg 20706			
	31. DATE FILED (Month, Day, Year)  'JAN 11 1994	REGISTRAR'S SIGNA	Andres								



FOR STATE REGISTRAR

296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF Albert

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 01 09 Margaret. Hennel 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 215 18 6804 DAYS HOURS 1 M 2 F YRS. 10/23/2 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Bel Air Convalescent Center DIRECTOR Bel Air RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Harford Fallston FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2109 Folkstone Drive page 5 should be detached for use as the burial-transit 21047 rurs after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 17. FATHER'S NAME (First, Middle, Last) Charles McKay notified at BE 19a. INFORMANT'S NAME (Type/Print) 2 Jo Ann Kendzejeski 96 20e, METHOD OF DISPOSITION

1 Several 2 Cremation 3 Re
4 Donation 5 Other (Specify) must director, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE filled in by the funeral medical 23. PART I. Enter the diseases, or complications that shock, or heert failure. List only one ca 9 the r **IMMEDIATE CAUSE (Final** THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× n THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, disease or condition resulting in death) ne traumatic event, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUP if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other DUE TO resulting in death) LAST 23 shows any injury, PART II. Other significent conditions contributing to 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item . HOSPITAL: 1 YES 2 NO 1 Inpatient 2 0 27. MANNER OF DEATH 28a. DATE OF is marked, 1 Natural 5 Pending Investigation BY 2 Accident 26a. PLACE ( COMPLETED 3 Suicide 6 Could not be 28 4 Homicide Hem IMPORTANT: If

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

94 00366

8. BIRTHPLACE (State or Foreign

Md.

YEAR

Sc. COUNTY OF DEATH

U.S.A.

Harford

10g. CITIZEN OF WHAT COUNTRY?

Specify:

White

94

3. TIME OF DEATH

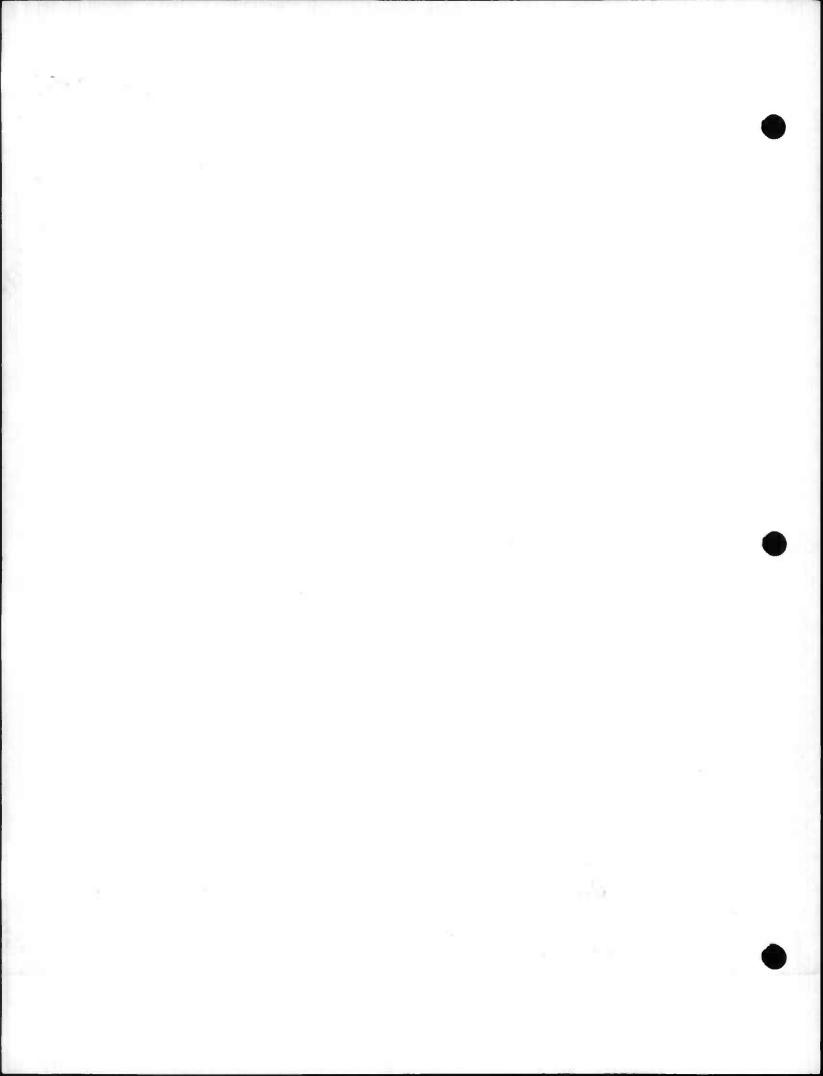
3:32 A.

10d. INSIDE CITY

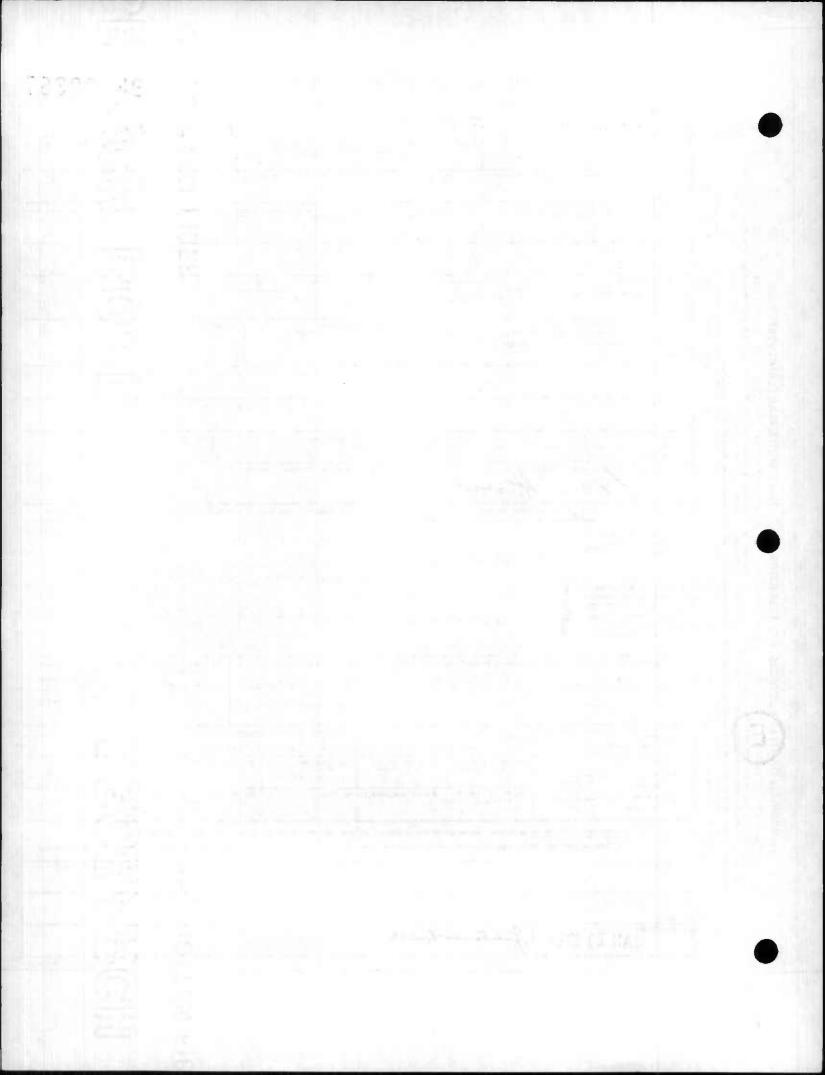
14. RACE — American Indian, Black, White, etc.

1- YES 2 NO

	Cler	K			Pharmacy		
			16. MOTHER'S N.	AME (First, M	iddle, Malden Surname)		
			Anna	Marga	ret Hammerb	ache	r
	19b. MAILING	ADDRESS (St			or, City or Town, State, Zip Co		
	2109	Folk	stone Dr.	Falls	ton, Md. 210	47	
20b. PLA	CEANDDATEO	FDISPOSITIO		-94PATE			State
Ba]	timore	<sub>Natio</sub>	onal Cemet		Balto.,M	d.	
550		22. NAN	ME AND ADDRESS OF F	ACILITY			
		Cha	arles S.Ze	iler	& Son Inc.		
aused the	death Do no	9(	01 S Conkl	ing S	treet		
on eech		A GINET THE	inode of dying, sur	cii as cardi	ac or respiratory arrest	,	Approximata Interval Between
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2.	10 1	00	0				
R AS A COR	NSEQUENCE OF	Vie	ease				
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R AS A CO	NSEQUENCE OF	:					
eth but n	ot resulting in	the under	lying cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS ILABLE PRIOR TO
					1 YES 2 NO	COL	MPLETION OF CAUSE DEATH?
							YES 2 NO
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			6. PLACE OF DEATH (C				
R/Outpetier	n 3 🗆 DOA	OTHER: 4 12 Nursing	Home 5 - Residence	6 🗆 Other	(Specify)		
asp			: INJURY AT		RIBE HOW INJURY OCCUR	ED	
JURY	28b. TIME	OF 280					
JURY		RY	WORK?				
JURY Year) NJURY — A	28b. TIME	RY M 1	YES 2 NO	28f. LOCA	TION (Street and Number or I	Rural Route	Number,
JURY Year)	28b. TIME INJU	RY M 1	YES 2 NO	28f. LOCA City o	TION (Street and Number or I Town, State)	Rural Route	Number,
JURY Year) NJURY — A c. (Specify)	28b. TIME INJU	M 1	YES 2 NO	City o	r lown, State)	Rural Floute	Number,
JURY Year)  NJURY — A c. (Specify)	28b. TIME INJU	RY M 1 reet, factory,	YES 2 NO office	to the cause	e(s) and manner as stated.		
JURY Year) INJURY — A c. (Specify) y knowledge	28b. TIME INJU	RY M 1 reet, factory,	YES 2 NO office  data and place, and duon, death occurred at the	to the cause time, date a	e(s) and manner as stated.	euse(s) and	f manner as stated.
JURY Year)  NJURY — A c. (Specify)	28b. TIME INJU	RY M 1 reet, factory,	YES 2 NO office  data and place, and duon, death occurred at the	to the cause time, date a	e(s) and manner as stated.  and place, and due to the ci	euse(s) and	
NJURY — Ac. (Specify)  y knowledge ninetion and	28b. TIME INJU	M 1 reet, factory, i at the time, , in my opinio	YES 2 NO office  deta and place, and du- on, death occured at the  29c. LICENSE NU  MDDDO	to the cause time, date in the	e(s) and manner as stated.  and place, and due to the ci	euse(s) and	d manner as stated.
NJURY — Ac. (Specify)  y knowledge ninetion and	28b. TIME INJU	M 1 reet, factory, i at the time, , in my opinio	YES 2 NO office  data and place, and duon, death occurred at the	to the cause time, date in the	e(s) and manner as stated.  and place, and due to the ci	euse(s) and	f manner as stated.
JURY Year)  INJURY — A c. (Specify)  y knowledge ministion and OF DEATH   1800	28b. TIME INJUING the home, ferm, st. e. death occurred for investigation  W. D.,  (ITEM 27) (Tipe, I) Harfold	my opink  1 at the time,  in my opink  Cd Rd.	YES 2 NO office  deta and place, and du- on, death occured at the  29c. LICENSE NU  MDDDO	to the cause time, date in the	e(s) and manner as stated.  and place, and due to the co	euse(s) and	f manner as stated.
JURY Year)  INJURY — A c. (Specify)  y knowledge ministion and OF DEATH   1800	28b. TIME INJUING A CONTROL OF THE PROPERTY OF	my opink  1 at the time,  in my opink  Cd Rd.	YES 2 NO office  deta and place, and du- on, death occured at the  29c. LICENSE NU  MDDDO	to the cause time, date in the	e(s) and manner as stated.  and place, and due to the co	euse(s) and	d manner as stated.
JURY Year)  NJURY — A 2. (Specify)  y knowledge intention and  OF DEATH 1  1800	28b. TIME INJUING the home, ferm, st. e. death occurred for investigation  W. D.,  (ITEM 27) (Tipe, I) Harfold	my opink  1 at the time,  in my opink  Cd Rd.	YES 2 NO office  deta and place, and du- on, death occured at the  29c. LICENSE NU  MDDDO	to the cause time, date in the	e(s) and manner as stated.  and place, and due to the co	euse(s) and	d manner as stated.  orth, Day, Year)
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100 S. STATE   100 COUNTY   1	TOR	Mercy Ho	ospit	a 1			Ba1	n or Location of C timore	DEATH				
Section   Sect	H	10a. STATE	10b. COUNT				,						10d. INSIDE CITY LIMITS? 1 X YES 2 N
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Continue   Continue	BY	1 Never Married 2		FORCES?	1 YES 2	<b>₩</b> NO	If yes,	specify Cuben, Mexic	an, Puerto		ee or No—	Black	k, White, etc.
The suppose of the state of the	PLETED	(Specify only Elementary/Secondary (0	ly highest grad 0-12)	e completed)	+)	(Give kind of life. Do NOT u	work done during use retired.)	most of working	161			JSTRY	
The MALINO ADDRESS (Street and Number or Rural Route Number, City or Town, State) 21217    Crystal Hopkins		17. FATHER'S NAME (First, M	fiddle, Last)			nouse	recpi	18. MOTHER'S N		Middle, Maider		ī	51.14
20a, NETHOD OF DISPOSITION   20a Constitution   20a PACE AND DATE OF DISPOSITION   Name of 20a Date   20a Constitution   20a Date   20a Constitution   20a Date   2				ns									21217 1and
DUE TO (OR AS A CONSEQUENCE OF):    Sample   Sam	3			ICENSEE / /	- Mt.	Z101				.,			
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 YES 2 NO  28a. DATE OF INJURY  Metural  28a. DATE OF INJURY  Month, Day, Year)  28a. DATE OF INJURY  Month, Day, Year)  28a. DATE OF INJURY  28b. TIME OF  INJURY AT  WORK?  1 YES 2 NO  28c.		21. SIONATURE OF FUNDRA  23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fir	IL SERVICE LI	complications the	at coused the	deeth. Do	Cha	tman-Hal	rris	F/H	1701 Balt	Mc	Culloh re, Md21
M 1 YES 2 NO  2 Accident Investigation 3 Suicide 8 Could not be determined determined determined building, etc. (Specify)  288. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)  288. LOCATION (Street and Number or Rural Route Number, City or Rown, Steete)	ERTIFICATION	21. SIONATURE OF FUNCKA  23. PART I. Enter the dishock, or himmediate CAUSE (Firdisease or condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY! CAUSE (Disease or Injuichat initiated events	IL SERVICE LI	complications the List only one ce	at coused the use on sech I	deeth. Do of the second of the	22. NAME Cha not enter that o var a	tman-Hal	rris	F/H	1701 Balt	Mc	Culloh re, Md21 Approximet Interval Bat Onset and
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	ATTENDING PHYSICIAN

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DING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending	Aft	3

1	1. DECEDENT'S NAME (First, Mich.) ALICETINE	ddle, Last)		HOPKINS						MONT	PEG. NO	ΑY	YEAR	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	, 1994	8. BIRTH	3:00 a
. 9	216-56-117	8	1 □ M 2 🙀 F	4:	2 YRS.	MONTHS	DAYS	HOURS	MIN.		13/5		Count	Md.
	9a. FACILITY NAME (If not institu	ution, give st	reet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF								
OR	THE JOHNS HO		BALTIMORE CITY											
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY			
E	MD				,	RAI.TI	TMO	DD			7			LIMITS?
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	11. MARITAL STATUS  1 Never Merried 2 Mar  3 Widowed 4 Divorced	~~~		NT EVER IN U.S. A I YES 2 T WAR OR DATES	NO	If y	yes, spe	olfy Cuba		in, Puerto	N? (Specify Ye Rican, etc.)		Speci	
	15. DECEDE	ENT'S EDUC	CATION	16a. D	ECEDENT'S	USUAL OCC	CUPATION	N		160	, KIND OF BU		BLAC	CK
	(Specify only hig	ghest grade			Give kind of the Do NOT us	work done du ne retired.)	ring mos	t of workli	ng		X KIND OF BU	SIVESS/IND	,031H1	
	17. FATHER'S NAME (First, Middle					HER'S NA	ME (First,	Middle, Melden	Surname)					
	EUGENE HOPE							GEI	BALI	SINE	JENE	INS	ZIALC	
	190. INFORMANT'S NAME (Type/							d Number	or Rural	Route Num	ber, City or Tox			
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	20a. METHOD OF DISPOSITION  120 Burlai 2 Cremation  4 Donation 5 Other (Spi	3 🗆 Remo	oval from State	cemetery, cr	ematory or o		ION (Nerr	ne of		OAT		CATION		
	21. SIGNATURE OF FUNERAL SE		ENSEE		ZION	CEM 22. N			SS OF FA	CILITY /	13 LA	NDSL	OWN	IE, MD.
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3. TIME OF DEATH

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BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEMENT & NAME (First, Intolin, Cast)	Milton	E	HOUS	E	January	6, 1994	9:38 A
4. SOCIAL SECURITY NUMBER 2/8-/0-09/6		AGE (In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-/8-/	8.	BIRTHPLACE (State or Foreign Country) ManyLand
218-10-0916  Da. FACILITY NAME (If not institution, give s Franklin Squa	ire Hospi			imore.		9c. COUNTY	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  10c. STREET AND NUMBER		10c. CIT	y, TOWN OR LOC			10g. CITIZEN	10d. INSIDE CITY LIMITS? 1/CYES 2 NO OF WHAT COUNTRY?
524 S. Boulds  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E	YES 25 NO	If yes,	2/24 ECENDENT OF HISPA specify Cuban, Maxici ES 2 XNO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, atc.) fy:	## or No — 14.	RACE — American Indian, Black, Whita, etc. Specify: white
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT us	work done during r se retired.)	nost of working	16b. KIND OF BU		
17. FATHER'S NAME (First, Middle, Last)  Nilton B. Hou		Chane	opena	18. MOTHER'S NA	AME (First, Middle, Maider	n Surname)	k & Seal
19a. INFORMANT'S NAME (Type/Print)	126	19b. MAJLING	ADDRESS (Stree		aret She Route Number, City or To		de)
20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		524  20b. PLACE AND DATE cemetery, crematory or o	S Bo OF DISPOSITION (	uldin S	# Ba/+ 0	Mid 2 DOCATION — City	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	<u> </u>			LLen Fun		, Ma ome Mid. 21.234
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (O	Catic Carci R AS A CONSEQUENCE O R AS A CONSEQUENCE O	f): tum f):	volving	ile Biver		
Malignant Fib Muscle Gro	rous Histi	locytoma Le	-			N AUTOPSY PRMED? 2 X NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)		
1 TYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending			4 Nursing No.	ome 5 Rasidence NJURY AT VORK? YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF I	NJURY — At home, farm, c. (Specify)			281. LOCATION (Street City or Town, State		Rural Route Number,
one)		y knowledge, death occurr					ause(a) and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIE	V. Vang	~ MJ	0 -	29c. LICENSE NU	MBER 9	29d. DATE SI	GNED (Morith, Day, Year) -5-1994
39, NAME AND/ADDRESS OF PERSON WITH APPARAD N-V- 31. DATE FILED (MORTH, DBY, YEAR)	VANGUR  32. JEGISTRAD	1, m.D., 61		TEMMERS	RUNRD,	BALT	MORE,
JAN 1 1 1994							

use as the burial-transit permit. Pages 1, 2, 3 should

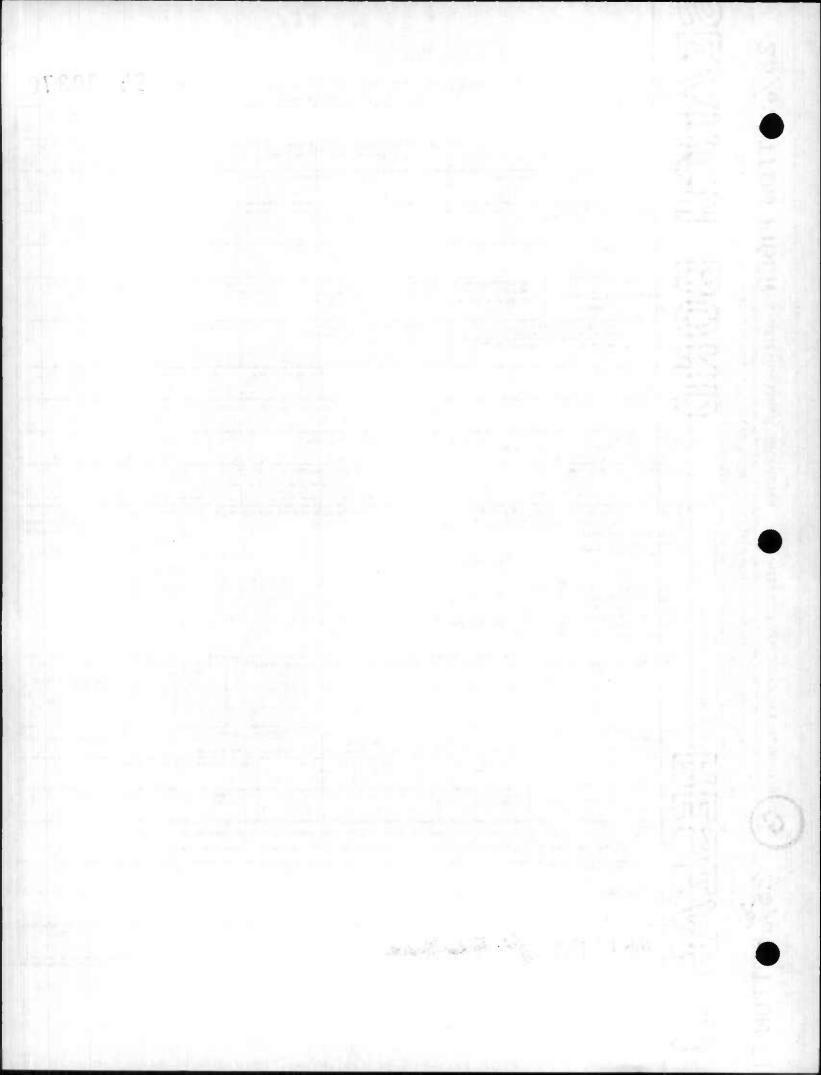
BALTIMORE, MARYLAND 2	thin 24 hours after death. Page 6 may be retained by the hospit.	wation, or removal.	it, the medical examiner must be notified at once.	TO BE COMPLE
Majon OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITA OR ALTHOUNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dest. of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last EDWARD	" J.	HINES			OF	DEATH	MONT	REG. NO	<b>9</b> ,1994	YEAR 3.	TIME OF DEATH 10:33 P M
	4. SOCIAL SECURITY NUMBER 216-16-8636	5. 9EX	6. AGE (In yrs. Is 71	rst birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	-		CE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give THE JOHNS HOPKI		AL				MORE (			9c. COUNT	V OF DEAT	N
DIRECTOR	100. STATE 10b. COUNTY Maryland N/	•			y, town of Baltir		City				100	1. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	6021 Moyer Avenu	e				101.	21206				S.A.	COUNTRY?
84	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		H H	yes, spe	ENDENT OF NISP city Cuben, Mexi 2 X NO Spec	can, Puerto	f? (Specify Yes Rican, atc.)	or No- 1	4. RACE — Black, W Specify: White	
COMPLETED	15. DECEOENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 12th Grade	UCATION de completed) College (1-4 or 5	·) (	Give kind of le. Do NOT u		uring mos	n nager		KIND OF BU		STRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Edward J. Hines,	Sr.					18. MOTHER'S P			Sumsme)		
TO 8	19a. INFORMANT'S NAME (Type/Print) Doris Schnaitman	Hines					enue, E					1206
	20s. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremetton 3 🗆 Red 4 🗆 Donatton 6 🗀 Other (Specify)	moval from State	20b. PLACE	ANDDATE	of Disposition place).	TION /Nar	ne of	OAT	E 20c. LO	CATION — CI	ity or Town,	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	)-	<u>ucii</u>	22. N JOI	ame an	ADDRESS OF Mille	FACILITY IT	nc.			land 21206
	23. PART I. Enter the disease, or shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PN	t coused the dise on each lin	A-		the mod	ie of dylng, au	ich aa can	flac or reap	iratory arre	et,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSE	EOUENCE O	D Va	SC	lar ·	Acevi	lend			8 M
-	PART II. Other algorificant conditions  Venhile M. d.	_	death but not	reaulting	In the unc	derlying	cause given i	n Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ME					OTHER	:	ACE OF DEATH (	100	r (Specify)			
HYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 inpetient 2 28a. DATE OF	INJURY	26b. TIN	4 Nursi	28c. INJL	JRY AT	26d. DE	CRIBE NOW	NJURY OCCU	JRED	
ВУ	EXAMINER? 1 ☐ YES 2 ( NO	28a. DATE OF (Month, E	INJURY	26b. TIN	4 Nursi	28c. INJL WOI 1 Y	JRY AT RK? ES 2 NO	28f. LOC	ATION (Street or Town, State,	and Number o		n Number,
COMPLETED BY PHYSICIAN: MEDICA	EXAMINER?  t	28a. DATE OF (Month, L) 28a. PLACE OF building,	INJURY ay, Year)  F INJURY — At h atc. (Specify)  my knowledge, d	26b. TIN IN.	4 Nursi IE OF IURY M street, facto	28c. INJL WOI 1 Yery, office	JRY AT RK? ES 2 NO	28f. LOC City	ATION (Street or Town, State, use(s) and ma	and Number of	r Rural Route	

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

YUKAK C MANAGE , 500 N.

31. BATE FILED (Month, Day, Year)



Harter

5. SEX

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Mamie

Viola

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 1	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yr	a. Mat Untribay)	IF UNDER	_	IF UNDER		7. DATE O	track Co. s		a. Dinine	LACE (State or Foreign
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	9a. FACILITY NAME (# no		,			9b. CITY	Y, TOWN C	R LOCATI	ON OF DE	EATH		9c. COUN	TY OF DEA	хтн
DIRECTOR	Bel Air Co	nvales	ent Cent	er		Be	el Ai	ır				Har	ford	
Ē	10a. STATE	10b. COUNT	Y		10c. CI	DC. CITY, TOWN OR LOCATION							1	od. INSIDE CITY
	Md.	L	Lutherville								LIMITS?			
ERAL	10e. STREET AND NUMB		-		. ZIP CODI			10g. CITIZEN OF WHAT			AT COUNTRY?			
	123 Hedgew				2109	3			USA					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 D		12. WAS DECEDEN FORCES? IF YES, GIVE N	YES 2	NO		If yes, spe	ENDENT Cooks	n, Mexica	NIC ORIGIN? in, Puerto Ri y:	(Specify tean, etc.)		14. RACE - Black, Specify: White	
2		DECEDENT'S EDU		164	n. DECEDENT'S	S USUAL O	CCUPATIO	ON .		16b.	KIND OF E	USINESS/IND		
	Elementar - Secondar		College (1-4 or 5	+)	Iffe. Do NOT u	ise retired.)		St OF WORK	9					
COMPL	9				HOM	emake	er							
	17. FATHER'S NAME (First William		വിട							ME (First, Mi	ddle, Maid	en Sumame) rude T	ellis	
8	19a. INFORMANT'S NAMI				T 105 MARI IN	0.4000000	0.700		nkne		01.			
유	Ruth H. Wi											own, Stete, Zip	,	
1	20a, METHOD OF DISPO			20b. Pl	ACE AND DATE	OF DISBOS	CITION /No	mo of		DATE		LOCATION - C		
	Onation 5 □ Oten		oval from State	cemeter Park	y, crematory or a	other plece) Ja	n. 11	, 19	94	1		altimo	-	
	21. SIGNATURE OF FUNE		CENSEE	ir dry				D ADDRE						
1	Dames	) W	adlen	,						-		York 1		21204
	23. PART I. Enter the		-		e deeth Do	Ru	ick I	OWSC	n Fu	inera	L Hon	ne, Inc	c.	Approximete
7		Final	Δ	use on eech					1					
NO	disease or condition resulting in death)  Sequentielly list con-	ditions,	a Cer	1.0 PU 0 (OR ASIA CO	M CA	reri	-	ne	ear	0				
ERTIFICATION	disease or condition resulting in death)	ditions, mediate LYING njury	b. DUE TO	OF AS A CO	M (M)	)F):	-	ne	ear	0				
AL CERTIFICATION	disease or condition resulting in death)  Sequentielly list conif any, leading to Imrocuse. Enter UNDER CAUSE (Disease or it that initiated events	ditions, mediate LYING njury	b. DUE TO	O (OR AS A CO	NSEQUENCE C	DF):	y d	lls.	ean	Part I.		AN AUTOPSY ORMED?		Onset and Do
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MEDICAL	disease or condition resulting in death)  Sequentielly list conif any, leading to improve that initiated events resulting in deeth) L.  PART II. Other signif	ditions, mediate LYING njury AST	b. DUE TO  d	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	NSEQUENCE CONSEQUENCE THEL	nderlying  26. PL	ACE OF D	EATH (Ch	eck only one	PERF 1 YES	ORMED?	1	Onset and Do	
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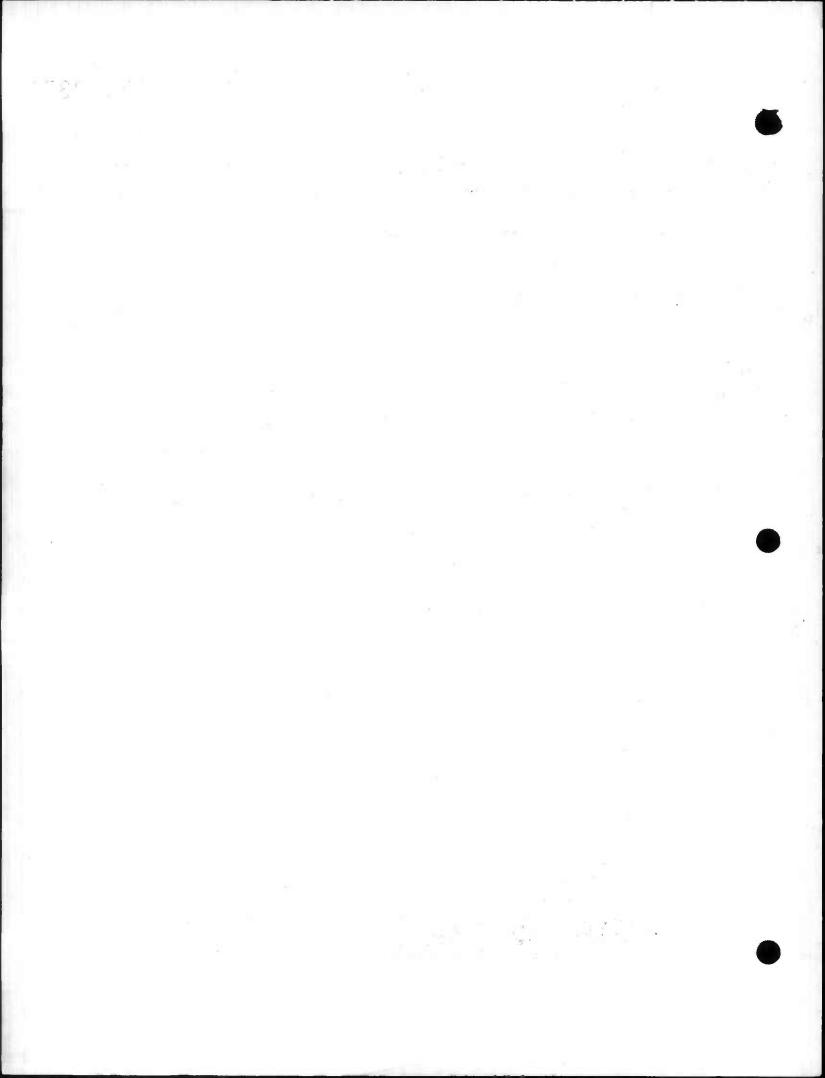
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH DAY

Jan

YEAR

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle,	Last)	Ton	IES				2. DAT MON	E OF DEATH 1	-3-94	EAR L/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER 24 HRS		E OF BIRTH	6.	BIRTH	PLACE (State or Foreign
	256-30-979		64	YRS.	MONTHS	DAYS	HOURS MIN	9	120/2	9	Country	ORGIA
~	9a. FACILITY NAME (If not institution,	give street and number) HOSP, TA	1 7		0		OR LOCATION OF	DEATH		9c. COUNTY	OF DE	ATH
OT	BUN DECOURS	BALTIMORE					na					
DIRECTOR	10a. STATE 10b. Co	UNTY	-	TY, TOWN							10d. INSIDE CITY LIMITS?	
	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH										1 YES 2 NO	
ERAL	2018 LINDE	N AVEI	VUF				2121	7		log. Offizzi	21.	(
FUNI	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDE	NT EVER IN U.S. /		13.	WAS DEC	CENDENT OF HIS	PANIC ORIG	IN? (Specify Yes	s or No- 14		- American Indian, White, atc.
B≺	3 Widowed 4 Divorced		WAR OR DATES					ecify:			Specif	BLACK
TED	15. DECEDENT'S (Specify only highest			DECEDENT'S	work done	CCUPATION TO COURT OF THE COURT	ON ost of working	10	b. KIND OF BU	SINESS/INDUS	TRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or !	5+)	ite. Do NOT u	v Em	010	h ( = A	7				
COMPL	17. FATHER'S NAME (First, Middle, La	1)		0(1	0,77	PRU	_	NAME (First	Middle, Maiden	Surname)		
BE												
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLIN	G ADDRES	S (Street a	and Number or Ru	ral Route Nui	mber, City or Tow	rn, Stete, Zip Co	ide)	
	20a. METHOD OF DISPOSITION 1  Buriel 2  Cremation 3	D		E AND DATE			ame of	DA	TE 20c.·LC	CATION — City	y or Tov	vn, Stata
1	4 Donation 5 - Other (Specify,	in space	remov	a 1								
	21. SIGNATURE OF FUNDRAL SERVI	Roga	ld Wad	e,Di	r 22.	NAME A	ND ADDRESS OF	FACILITY S	State	Anato	my	Board
_	22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W. BaltimoreSt, Balto, MD21201  23. PART I. Enter the disease, or complications that caused that death. Do not anter the mode of dying, such as cardiac or respiretory arrest,   Approximate											201
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	ra RA	VEU O (OR AS A CONS O (OR AS A CONS	_	FA		URE	2				Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE T	O (OR AS A CONS	D K	DF):							
	PART It. Other algnificant con-	ditions contributing t	o death but not	t resulting	in tha u	nderiyin	g cause given	in Part i.	24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
4: MEDICAL	- place	res p	cer	uu	4				1 TYES	≥X NO		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH	(Check only	one)			
PHYSICIAN:	1 VES 2 NO		☐ ER/Outpatient	3 🗆 DOA	4 🗆 Nur	sing Hon	ne 5 🗆 Rasiden	7	ner (Specify)			
BY PH	1 Natural 5 Pending 2 Accident Investiga	(Month,	Day, Year)	200. TH	JURY	WC	YES 2 NO	286. 0	ESCHIBE HOW	INJURY OCCUP	(ED	
0	3 Suicide 6 Could n 4 Homicide determin	x De buildin	OF INJURY — At I g, atc. (Specify)	home, farm,	street, fac	tory, offic		28f. LC	CATION (Street y or Town, State,	and Number or )	Rural A	oute Number,
COMPLETE	one)	PHYSICIAN: To the best										and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CER	nu					29c. LICENSE	NUMBER 4	j	29d. DATE S	IGNED	(Month, Day, Year)
F	30, NAME AND ADDRESS OF PERSON	N WHO COMPLETED CA	USE OF DEATH (IT	455	o, Print)	CK	ens,	Ave,	Ball	timo	( )	MD 21229
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE									

MACTINAL

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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C- GRANA

31. DATE FILED (Month, Day, Year)

JAN 1 1 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

299 Frehende Red

32. FEGISTRADE SIGNATURE

Bull up mins

OR no

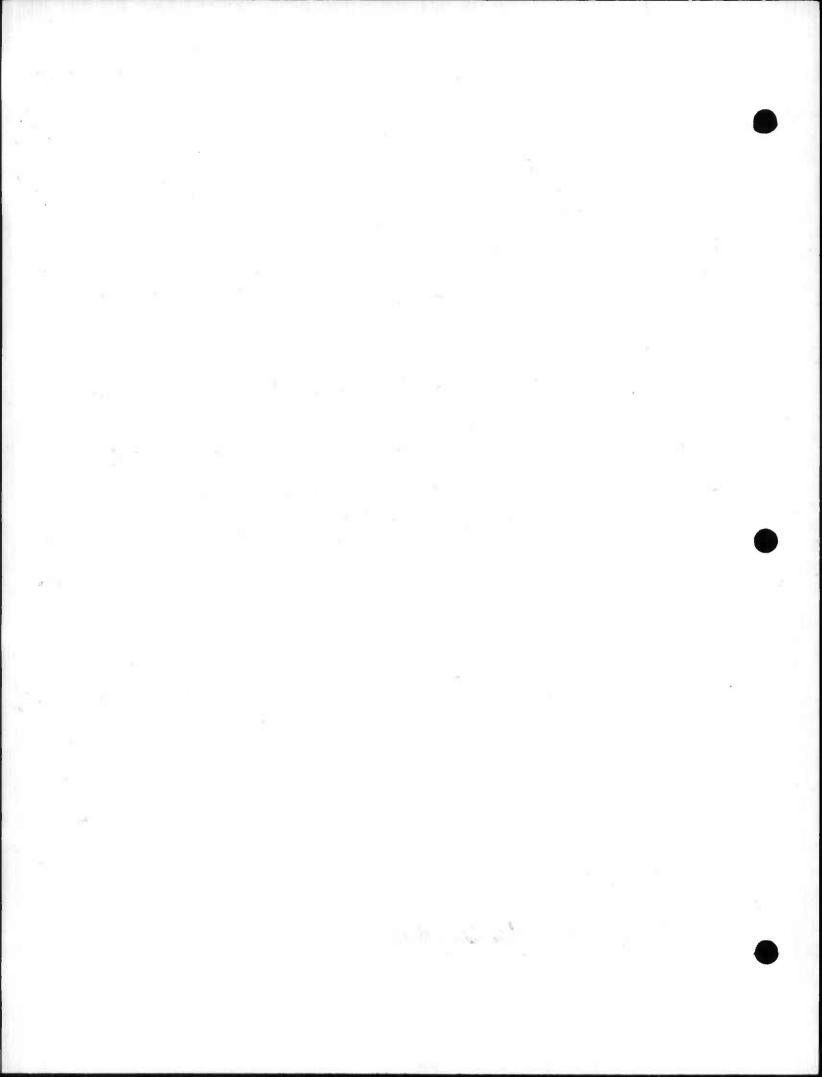
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FOR STATE REGISTRAR 00373 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Ē. YEAR 8. AGE (In yrs. last birthday) Robert Is. sex 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5-23-1933 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 X M 2 - F 60 213-28-9394 Md 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6017 Deer Ridge Lane Elkridge RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? HOWARD ELKRIDGE XX YES 2 NO Md 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6017 DEER RIDGE LANE USA 21227 12. WAS DECEDENT EVER IN U.S, ARMED FORCES? XX YES 2 ☐ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 K Married SpecifyBlack 3 Widowed 4 Olvorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest Elementery/Secondary (0-12) College (1-4 or 5+) G.E.D. LOGISTICS FT. MEADE U.S. ARMY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ODIE R. JONES MARTHA GREEN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) **MYRNA** JONES 3007 MILFORD AVE BALTO, MD 21207 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Siete ★ Burial 2 ☐ Cremetion 3 ☐ Removal from Stale
4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST VETERAN 11394 OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue Balto, 23. PART I. Enter the placeses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. ЬM 21215 Approximate Interval Between IMMEDIATE CAUSE (Final Onsat and Death disease or condition myocardiel I fartin horn resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS mountiel AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO toline 1 - YE\$ 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpellent 2 ER/Outpetlent 3 DOA raing Home 5 K Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Determine 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)

One)

MEDICAL SYMMISE: On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner se stated. 2 \_\_\_ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LtCENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) Clorler Relay my 1/10/84 024281



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I II 27.28a-f, PER MEO FILM G-710 4/7/94 t.t

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE O	FDEATH	REG. NO	D	3. TIME OF DEATH
	FLORENCE KENNEDY					01	06	94 12:40
	4. SOCIAL SECURITY NUMBER 216 30 5147	5. SEX 1 M 2 X F 76	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06 19 17		BIRTHPLACE (State or Fore Country) N.Y.
TOR	90. FACILITY NAME (If not institution, give start of the		DICAL		IMORE (	CITY	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	imore	10c. CIT	Essex	ATION			10d. INSIDE CITY LIMITS? 1 X YES 2 N
FUNERAL	1754 Eastern Blv	d.			101. ZIP CODE 21221		U.S.	OF WHAT COUNTRY?
₽	11. MARITAL STATUS  1 X Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 X NO Specify			RACE — American Indian, Black, White, etc. Specify: hite
TED	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S	USUAL OCCUPA work done during a se retired.)	TION nost of working	16b. KIND OF BU	JSINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		y Worke	er		rn Ele	ctric
5 111		nown			Unkr			
TO BE	Michael Murphy		7916	Pulaski	Highway	Balto., Md	. 2123	7
	20e. METHOD OF DISPOSITION  1 XBurlet 2 Cremation 3 Remains 4 Donation 5 Other (Specify)		nelery, crematory or o	ther place)				or Town, State
examiner must	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A	Oak Law			u-94   E	astwoo	a, Ma.
CABIL	> Charles	D. Zenter			les S.Zei Eastern		inc.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):	1			
ICAL	PART II. Other significant condition INJURIES OF FACE	s contributing to deeth b	out not resulting	in the underly	ng cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)		J.
IX	1X YES 2 □ NO 27. MANNER OF DEATH	1 Xinpatient 2 - ER/Out		4 - Nursing He	ome 5 🗆 Reeldenca			
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) FOUND: 1-6-94	FOUND 12:40	D A M 1	NJURY AT YORK? YES 2 (()(NO	UNKNOWN		
ETED	3 Suicide 8 XXCould not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	Cify)  OME	street, factory, of	lice		91754 EA	Rural Route Number, STERN BLVD
IMPORTANT: If Item 28 is marked, or Item 23 shows a O BE COMPLETED BY PHYSICIAN: MED		CIAN: To the best of my know						ause(s) and menner ee stat
TO BE (	296 SIGNAPURE AND TITLE OF CERTIFIES  BE, NAME AND ADDRESS OF PERSON WHO	14lb	AW	- Areat	O. C. M.	E.	294. DATE S	L/06/94
	MARIO F. GOLL	ZJR MO	Control of the Contro		ltimore, Mar	ryland 2120	1	
	JAN 11 1994	the same of	-delia					

OVA MUJUM AND

ith certificate be executed withhere. Nours after death. Page 6 may be retained by the hospital or attending physician. lending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Ill Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

P.O. BOX 68760

DIVISION OF VITAL RECORDS.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw may TO THE FUNERAL DIRECTOR: After this certificate the best filed within 72 hours after death with the State dropt on

31. DATE FILED (Month, Day, Year)

JAN 11 1994

32. BEGISTRAR'S SIGNATURE

ITEM: 1. PER F.H. FILM G-707 1/11/94 t.t

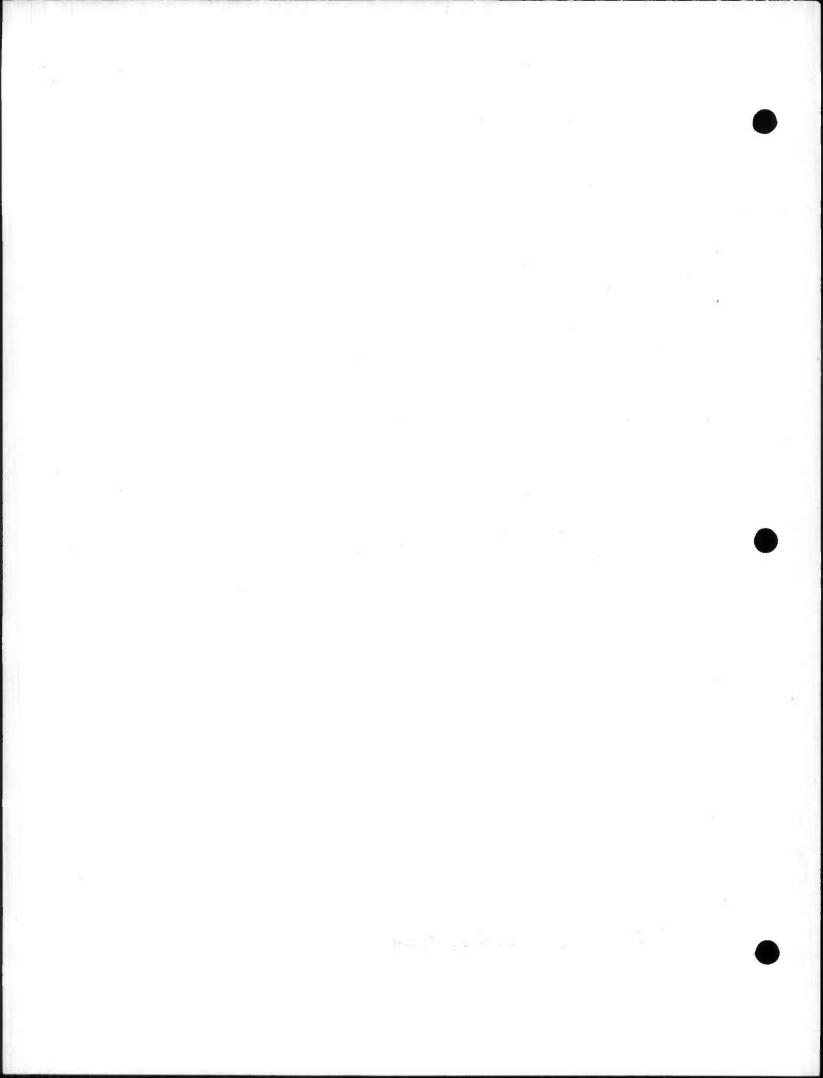
_	-	REGISTRAR						DEA			REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	ERROL CARL	KNIGH						2. DATE OF MONTH	DA		3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	KNI(	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				0 J. 0 7			94 10:05 ] BIRTNPLACE (State or Foreign	PM		
		217- 96 - 0355	1 XX M 2 □ F	30	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	1 ( Year)		MATCA	n
1.	_	9e. FACILITY NAME (If not institution, give s	-12-02-02-02-02-0		- 15	9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATN		9c. COUNTY	OF DEATH	
	Ē.	1441 LIMIT AVE	r.J		BA	Jar	MORI	E CI	TY,	MD	ı	n/a		
	DIRECTOR	10a. STATE 10b. COUNTY MARYLAND 1	/a		10c. CI1	Y, TOWN C	OR LOCAT						10d. INSIDE CITY V LIMITS?	
- 1		10e. STREET AND NUMBER	/ a			DAL		. ZIP COD	F			10a CITIZEI	1 TYES 2 NO	_
	FUNERAL	838 BENNINGHAUS RO	AD					212					JAMAICA	
	E	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1		S. ARMED					IIC ORIGIN? (S		or No- 14	. RACE — American Indian, Black, White, etc.	_
	BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATE:	s ^^		1   YES	2 X NO	Specify	AMAICAN			Specify: BLACK	
	ED	15. DECEDENT'S EDU (Specify only highest grade		18	e. DECEDENT'S (Give kind of life. Do NOT u	USUAL Of	CCUPATIO	ON			_	INESS/INDUS	TRY	
	COMPLET	Elementary/Secondary (0-12) 12 TH	College (1-4 or 5	+)	UNEMPL						n,	/a		
once	SO	17. FATHER'S NAME (First, Middle, Last)			**	-		18. MOT		ME (First, Midd ESLIE	fle, Maiden S	Surneme)		
led a	B	HENRIQUE KNIGHT  198. INFORMANT'S NAME (Type/Print)			195 MAII INC	Anness	s /Street e				City no Tour	n, State, Zip Co	de	
noti	임	UNA V. LESLIE			838	BENNI			AD,	BALTIMO	ORE, M	ARYLAND	21212	
nst pe		20e. METHOD OF DISPOSITION  1XX Burlel 2 Cremetion 3 Reme	oval from State	20b. PL.	ACE AND DATE	OF DISPOS	DADIZ	me of		DATE 11	20c. LOC	CATION — City	or Town, State MARYLAND	
E I		4 Donetidn 5 Other (Specify) 21. BIGNATYPH, OF YUNERAL SERVICE LIC	CENSEE	U VI	NG MEMOR			ID ADDRE					MARTLAND	
examiner must be notified at once		· Uneso	- Cor	¥.		WM. C. MARCH FH 1101 E. NORTH AVENUE								
nt, the medic	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Gunshot Wound of Head. Stub and Cutting Wounds and Due to (or as a consequence of):  But Force I yuries of Head  b. Due to (or as a consequence of):													
		Shock, or heart failure.	List only one cau	use on aach	ilne.								Onset and De	
numatic eve	NOIL	snock, or neart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediata	List only one cau	use on aach	ilne.								Onset and De	
	TIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Guns  DUE TO  DUE TO  C.	Hat We on as A co	ilne.	Hea For							Onset and De	
5	. CERTIFICATION	snock, or neart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Tuns Due to Due to Due to Due to d.	O (OR AS A CO	INSEQUENCE O	Hea	d,	Stub	and	Culfi of He	ng Wo	undo	interval Batwo	eath
10 .C.	CAL CE	snock, or neart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Tuns Due to Due to Due to Due to d.	O (OR AS A CO	INSEQUENCE O	Hea	d,	Stub	and	Cutfi, of He		AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	eath
10 .C.	MEDICAL CE	snock, or neart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Tuns Due to Due to Due to Due to d.	O (OR AS A CO	INSEQUENCE O	Hea	d,	Stub	and	Cutfi, of He	a. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS	eath
10 .C.	MEDICAL CE	snock, or neart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Tuns Due to Due to Due to Due to d.	O (OR AS A CO	INSEQUENCE O	Hean Fi:	.l,	Stab	and is	Cutfi, of He	a. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	eath
10 .C.	MEDICAL CE	Shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, feading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other significant condition	a. TUNS  DUE TO  DUE TO  d	OR AS A CO OR AS A CO OR AS A CO	INSEQUENCE OF THE PROPERTY OF	Hears: Fire Fire Fire Fire Fire Fire Fire Fire	. L ,	Stab  yur  g cause g	and ies	Part i. 24	a. WAS AN PERFORM	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 \( \sqrt{N} \) NO	eath
· i	PHYSICIAN: MEDICAL CE	SHOCK, OF heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	a. TUNS  DUE TO  DUE TO  DUE TO  C. DUE TO  d	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	INSEQUENCE O	Hean Fi: Fi: or He un  or	26. PL	Stab  yur  g cause g	given in	Part i. 24	a. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 \( \sqrt{N} \) NO	NOS SE
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is marked, or item 23 show agreem, or	TED BY PHYSICIAN: MEDICAL CE	Shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined	a. TUNS  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	INSEQUENCE OF THE STATE OF THE	other and the unit of the unit	26. PL R: Bling Norm 28c. INJI Viory, office	Stab  Nur  Course of D  Course	given in	Part i. 24  Part i. 24  1  1  26 Other (S  28d. DESCR  SUBJ!  28f. LOCATIC  City or 1  1441	a. WAS AN, PERFORI EYES 2  Decity)  IN (Street as own, State)  LIM	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	NOS SE
is marked, or item 23 show accepting or	TED BY PHYSICIAN: MEDICAL CE	Shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	a. TUNS  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO	OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO OR AS A CO	Insequence of the second of th	other and the under the un	26. PL R: Bing Norm 28c. INJ 1 V tory, office	GCBUSE 9  ACE OF D  WXRe  URY AT  YES 2 5	given in	Part i. 24  Part i. 24  1  1  26 Other (S  28d. DESCR  SUBJ. 1  28f. LOCATIC City or 1  1441  to the cause(	a. WAS AN. PERFORI EYES 2  Decity)  IN (Street au Down, State)  LIM  e) end manual	AUTOPSY MED?  NO  NO  LUPRY OCCUP TO A  AND Number or IT AV  There se stated.	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  ND STABBEI Rural Route Number,	NGS SE
PORTANT: If Item 28 is marked, or Item 23 show the party of DE COLORS TOTAL OF THE PARTY OF THE	BY PHYSICIAN: MEDICAL CE	Shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	B contributing to  HOSPITAL: 1   Inputient 2   26e. DATE OF (Month, D) O 1 / O 7 26e. PLACE O building.  CIAN: To the best of er.	GOR AS A CO GOR AS A CO	Intelligent of the second of t	F:  OTHER  F:  In the un  Street, fact  RTME.  and at the ti  on, in my o	26. PL R: Bing Norm 28c. INJ 1 V tory, office	Stab  yur  G cause of D  ACE OF D  EXIXER  WAY AT  VES 2 5  end place eath occur  29c. LiCl	given in	Part i. 24  Part i. 24  1  Other (S. 26d. DESCR. Sulb J. 1  26d. DESCR. Sulb J. 1  26d. LOCATIC City or 7  1441  to the cause (time, date end	a. WAS AN. PERFORI EYES 2  Decity)  IN (Street au Down, State)  LIM  e) end manual	AUTOPSY MED?  NO  NO  TA Be CCUT And Number or IT AV  There es stated.  Id dua to the ccute and the country of	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  ND STABBET Rural Route Number, (E. APT. J	NGS SE

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			permit. Pages 1, 2, 3 should	
	BALTIMORE, MARYLAND 21215-0020	HOME: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.	should be detached by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be to Health and Mental Hygiene prior to bunal, cremation, or removal.	nust be notified at once.
	4	ficate be executed with. Thours after death. Page	physician and completely filled in by the funeral directive prior to burial, cremation, or removal.	ar Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ION OF VITAL RECORDS, P.O. BOX 68760	MOING PHYSICIAN: The law requires that the death cert	The first promineate has been signed by the attending physician and completely filled in by the indeath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or of
0	SINIO (CM)	DEMENDSPITAL OR ATTE	TO THE PUNERAL DIRECTOR	MPORTANT: If item 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	94	00376	
	2. DATE OF DEATH		3. TIME OF DEATH	1

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN	_	0037
1. DECEDENT'S NAME (First, Middle, L	est)				2. DATE OF DEATH		3. TIME OF DEATH
James Ker	meth Knight	Sr.			January 8		5:A.M.
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
213091437	1 💢 M 2 🗍 F	78 YRS.	ONTHS DAYS	HOURS MIN.	June 4,191		altimore,M
9a. FACILITY NAME (If not institution,	give street and number)	9	b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY OF	
	1 Road		Perry H	[a11		Balti	more
RESIDENCE OF DECEDENT 10e. STATE 10b. CO		10c. CITY 1	OWH OR LOCAT	ION			10d. INSIDE CITY
Md. P	altimore	·	rry Hal				LIMITS?
10e. STREET AND NUMBER		1 10		ZIP CODE		10a. CITIZEN OF	WHAT COUNTRY?
4259 B Cha	pel Road			21128		U.S.A	
11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPA	NIC ORIGIN? (Specity Yes	or No.— 14. RA	CE — American Indian.
1 Never Married 2 Merried	FORCES? 1 YES			city Cuben, Mexico 2 X NO Specif	n, Puerto Rican, etc.)		ek, White, etc.
3 Widowed 4 Divorced	_						White
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16e. DECEDENT'S US (Give kind of won	k done during mo:	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	iife. Do NOT use n	,				
12th Grade		Machin	ıst			Lehem St	eel
17. FATHER'S NAME (First, Middle, Las	<i>'</i>				ME (First, Middle, Maiden	Sumeme)	
Harry  19e. INFORMANT'S NAME (Type/Print)	Knight				rtrude		
the last and the second second process.					Route Number, City or Town		O.
June A. Knight					erry Hall,		
1 XBuriel 2 Cremation 3	Removal from State cen	petery, crematory or other	place)			CATION City or	
4 ☐ Donetion 6 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		loreland M	7	Park D ADDRESS OF FA		ltimore	
N M	7. 5	/					Elair Road
23. PART I. Epter the diseases,	) M. Muyo	key			ler, Inc.		ore,Md212
immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DIFE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Parple	Sev Mai	e pr	per	Au
PART II. Other significant cond	d. Itions contributing to death b	out not resulting in	the Underlying	ı cause givan in	Part I. 24e. WAS AN PERFOR	IMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
1 TYES 2 NO	1   Inpatient 2   ER/Outs		THER:  Nursing Hom	5 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME C			28d. DESCRIBE HOW I	NJURY OCCUREO	
1 Natural 5 Pending 2 Accident Investigat				ES 2 NO			
3 Suicide 6 Could no	building, atc. (Spec	f — At home, ferm, stre cify)	et, factory, office		26f. LOCATION (Street & City or Town, State)	and Number of Rura	Route Number,
29e. CERTIFIER (Check only One)	HYSICIAN: To the best of my know						(s) end manner es stated
296. SIGNATURE AND TITLE OF CERT	TIFIER	2.0		29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Mogth, Day, Year)
CHI Well VV	VVNU SE	· My		V07	296	1///	1194
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	int)				
31. DATE FILEO (Month, Day, Year)	Julia Buidan	ATURE AND SEL					



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IVISION OF VITAL RECORDS, P.O. BOX 68760	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physics

Pages 1, 2, 3 should permit. use as the burial-transit jo detached once. 2 notitied at page pe must director, examiner funeral c in by the the medical 0 filled cremation. completely traumatic event, an and com to burial, o prior other Hygiene 0 the atter Injury. and and shows any signed | peen 6 has be Dept. c OR ATTENDING PHYSICIAN: The law 23 certificate h Item the this c marked, After DIRECTOR: At hours after de item 28 is r FUNERAL C within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: IT

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ITEM: 28a, PER DR. FILM G-708 2/1/94 t.t. 00377 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DANAN Amrit Kaur 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 🗌 M 2 🔯 F HOURS 295-74-8432 YRS 82 India 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Baltimore Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3 Durban Ct. 21236 India 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Wildowed 4 Divorced Indian COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KINO OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mehtab Singh BE Payar Bhai 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gurcharan Singh 3 Durban Ct. Apt. L Baltimore, Md. 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town State DATE 4 Donation 5 Other (Specify) Hilltop Serv. Corp. 1/7/1994 Towson, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home Inc. · Wallac 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest Approximate shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) eriosclerotic la PUE TO (OR AS A CONSEQUENCE OF): Mallo CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate sacleure cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINOINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 TNO PHYSICIAN:

5. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C)	peck only one)		
1 DIES 2 NO	HOSPITAL: 1 Department 2 ER/Outpatient 3		OTHER: 4   Nursing Home 5   Residence 6   Other			
7. MANNER OF DEATH  1 Natural 5 Pending 2 recident Investigation	28a. DATE OF INJURY (Month/Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 MO	28d. DESCI		
3 Suicide 6 Could not be	28s. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, street, fac	ctory, office	281, LOCAT		

6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

4   Homicio	Getailinited		
On. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN	To the best of my knowledge, death occurred at the time, data and place, and due to	to the cause(s) and manner as stated.

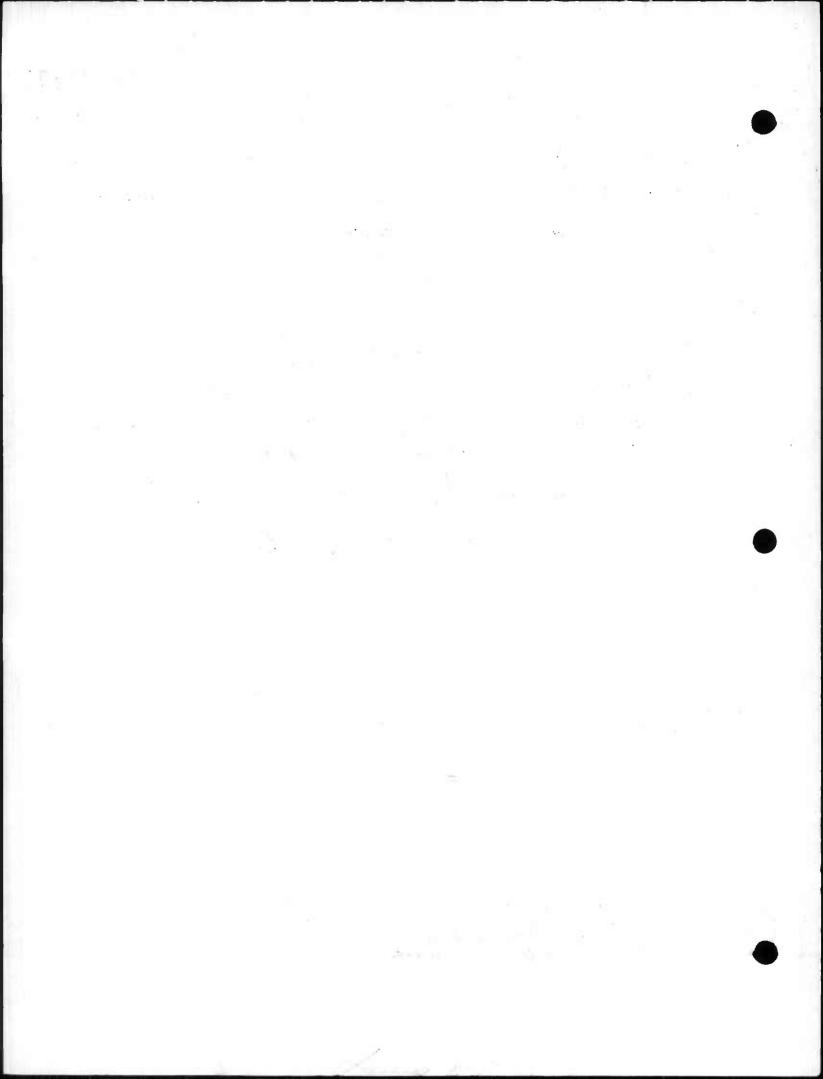
and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

10	ane	uest	00	200	nou	eeci
L HAME AND	ADDRESS 9	PERSON WHO	COMPLETED	CAUSE OF	DEATH (ITEM 27)	(Type, Print)

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281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDIN	TO THE FUNERAL DIRECTOR: After this combe filed within 72 hours after death with 1	IMPORTANT: if item 28 is n	

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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGI REG.	-114	94	00378
1. DECEDENT'S NAME (First, Middle,	.ast)				2. DATE OF DEATH		3. Т	IME OF DEATH
LORETTA H.	KYNE				JAN	BAY 8 19	94	2:00 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF I	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			E (State or Foreign
212-32-8687	1 🗌 M 2 💢 F	B6 YRS. MON	THE DAYS	HOURS MIN.	Nov. 4,1	7)	Country) Maryla	
9s. FACILITY NAME (If not institution,	give street and number)	9b.	CITY, TOWN O	R LOCATION OF D			Y OF DEATH	
SAINT JOSEE	'H HOSPITAL		TOWSO	N, MAR	VI.AND			
RESIDENCE OF DECEDEN			101100	iv init	THAND	Ь	ALTI	MORE
10s. STATE 10b. CC	UNTY	10c. CITY, TO	WN OR LOCAT	ON			10d.	INSIDE CITY LIMITS?
	Baltimore	Loci	h Rave	n Villag	re		1 [	YES 2X NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?
100. STREET AND NUMBER  1701 A Aber  11. MARITAL STATUS	deen Road			21234		11	.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED		NDENT OF HISPA	NIC ORIGIN? (Specify			merican Indian, its, etc.
	FORCES? 1 YES			elfy Cuban, Maxica 2 NO Specif	en, Puerto Rican, etc.		Black, Whi Specify:	its, etc.
3 Widowed 4 Divorced			had -	20	,	1	White	9
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)  8 YYS. 17. FATHER'S NAME (First, Middle, Las	EDUCATION Cracia completed	16s. DECEDENT'S USUA (Give kind of work of	AL OCCUPATIO	N .	16b. KIND OF	BUSINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	red.)	t or working				
8 yrs.		Salespers	son		Hech	t's Depa	artmer	nt Store
17. FATHER'S NAME (First, Middle, Las	t)	-		18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)		
Anthony B	agrowski		- 1		lava G		ka	
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street at		Route Number, City or			
Donald E. Kyne					Lutherv:			21002
20a. METHOD OF DISPOSITION	20	b.PLACE AND DATE OF DIS				LITE, MA		
1 N Burlet 2 Cremetion 3 4 Donestion 5 Other (Specify)	Removal from State	metery crematory or other p	lace)		1		,	
21. SIGNATURE OF POREBAL SERVICE	Eucensel 119	ardens of I		D ADDRESS OF FA	10/94 0	veriea,	Mary	Land
1 1 17			22. NAME AN	D ADDRESS OF FA	CALITY		1050	York Ro
· Carl	1. /oural		Ruck '	Iowson F	uneral Ho	ome, In	c. Tows	son, Md. 2]
23. PART I. Enter the diseases.	or complications that couse	d the death. Do not e						Approximete
shock, or heart tall	um. List only one cause on e	each line.						Interval Between
IMMEDIATE CAUSE (Finel disease or condition	CEREBI	RO VASCULI	AD AC	חואשמדר			i	
resulting in death)	a	A CONSEQUENCE OF):	AN AC	SIDEMI				13 days
			TT ON					
Sequentially list conditions,		FIBILLA!	LION				-	
if any, leading to immediate cause. Enter UNDERLYING	502 TO (011 A5 )	A CONSECUENCE OF).					į	
CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE OF):						
that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSEQUENCE OF):					į	
III III III III III III III III III II	d						<u> </u>	
PART II. Other significent cond	itions contributing to death I	but not resulting in th	e underlying	ceuse given in	Part i. 24a. WAS	AN AUTOPSY	24b. WER	E AUTOPSY FINDINGS
						FORMED?		LABLE PRIOR TO PLETION OF CAUSE
					1 □ YE	5 2 X NO	OF D	EATH?
<u> </u>							1 -	YES 2 XNO
25. WAS CASE REFERRED TO MEDIC								
EXAMINER?		ОТ	28. PL	ICE OF DEATH (Ch	eck only one)			<u> </u>
1 TES 2 NO	HOSPITAL: 1 Myoatlent 2 - ER/Out			5 - Residence	8 Other (Specify)			
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJL WOI		28d. DEŞCRIBE HO	W INJURY OCCU	RED	
1 Natural 5 Pending 2 Paccident Investiga	lion		M 1 🗌 Y	ES 2 NO				
3 Suicide 8 Could no	28s. PLACE OF INJURY building, etc. (Spe	JRY — At home, ferm, street, fectory, offics			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
4 Homicide determin	id .	iony)			City of lown, Si	ale)		
29s. CERTIFIER 1 XCERTIFYING	HYSICIAN: To the best of my know	uladan daath assumed at	the time data	and allows and dis-				
(Check only one) 2 MEDICAL EXA								
	1//	on end/or investigation, in	my opinion, de	anii occured at the	mile, unts snd place	, and dus to the	cause(s) and	menner es stated.
29b. SIGNATURE AND TITLE OF CER	IIFIBY//			29c. LICENSE NUI		29d. DATE	SIGNED (NO	th, Day, Year)
	MADE CALL MY			D450	60	1	1217	4
/	FILE WAVE							
30. NAME AND ADDRESS OF PERSON	WHI COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print	)			1	1	
				ΙΔΡΥΤΙΝ	ח מו	1	1	
30. NAME AND ADDRESS OF PERSON  ANIS ANSAR: 31. DATE FILED (Month, Ray, John 1, 1, 1)	7620 YORK	ROAD TOWS		IARYLAN	D 2120	4	1	



Marie Burney

use as the burial-transit permit. Pages 1, 2, 3 should

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attending physician and completely fills must hygiene prior to burial, creminent other traumatic event, the

Health and Mental 23 shows any injury,

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DIVISION OF VITAL R	R ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate has the	urs after death with the State Dept. of	IMPORTANT: If item 28 is marked, or item 23 sho
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If item 28 is ma

00379 94 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 94 YEAR 2. DATE OF OFATH 3. TIME OF DEATH Bertha Matilda Lilley 7:50 Рм 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 3-30-17 1 M 2 XX 213-56-6087 76 YRS. Gilford, MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Golden Oaks Nursing Home Prince George Laurel RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION Maryland Howard Laurel 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9527 North Laurel Road 20723 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or NoIf yes, specify Cuban, Maxican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) 10 0 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Orlando Edmonston BE Bertha Krouse 19a. INFORMANT'S NAME (Type/Print) 0 Herman L. Lilley 9527 North Laurel Road Laurel. Maruland 20723 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION — City or Town, State DATE Baltimore Washington Crematory Laurel. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. alall 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause age each lime. 20707 Approximate intervai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 2 24.7 resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING atrial CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PHYSICIAN: MEDICAL 1 TYES 2 THE 1 YES 2 NO

PART II.	Oth	er algnifica	nt conditions	contributing to	death but	not read	ilting in the	underlying	cause	given	in Part	l.
	A10											

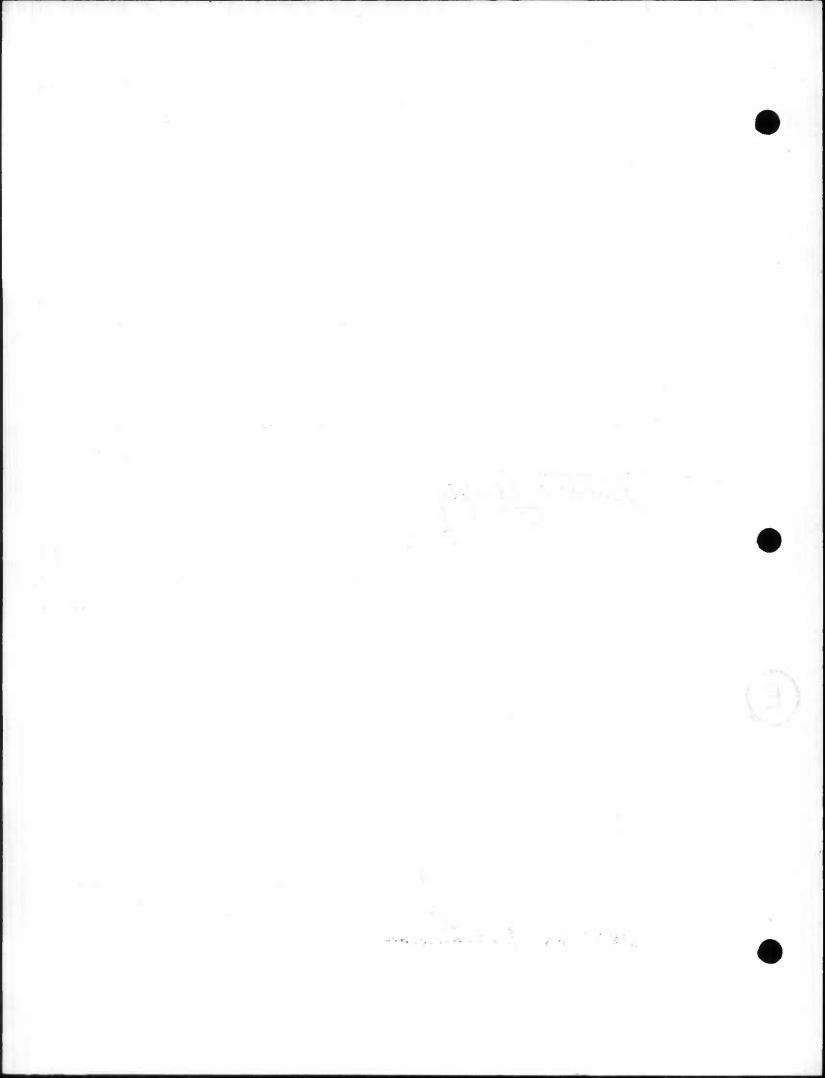
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)						
1 TYES 2 THE	OSPITAL:    Inpetient 2   ER/Outpetient :	DOA	OTHE		☐ Residence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investige	on	26a. DATE OF INJURY (Month, Day, Year)	26b. Tif	AE OF JURY M	28c. INJURY / WORK? 1 YES	at 2 No	28d. DESCRIBE HOW INJURY OCCURED	
		28e. PLACE OF INJURY — At home, term, atreat, factory, offica building, etc. (Specify)			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as	stated.
one)		

2 MEDICAL EXAMINER: On the besis of	axamination and/or investigation	, in my opinion, death occured at	the time, date and place, s	ind due to the cause(a) and manner ea stated.
AND ADDRESS OF THE PARTY OF THE	48	The Control of the Co	CONTRACTOR CONTRACTOR	

			1.0	1000	
30. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE O	F DEATH (ITEM 27) (Type, I	Print)		
Chair Manie	8317	Chen	1-ans	1 aurel	140

JAN 11 1994 32. EGISTRAR'S SIGNATURE

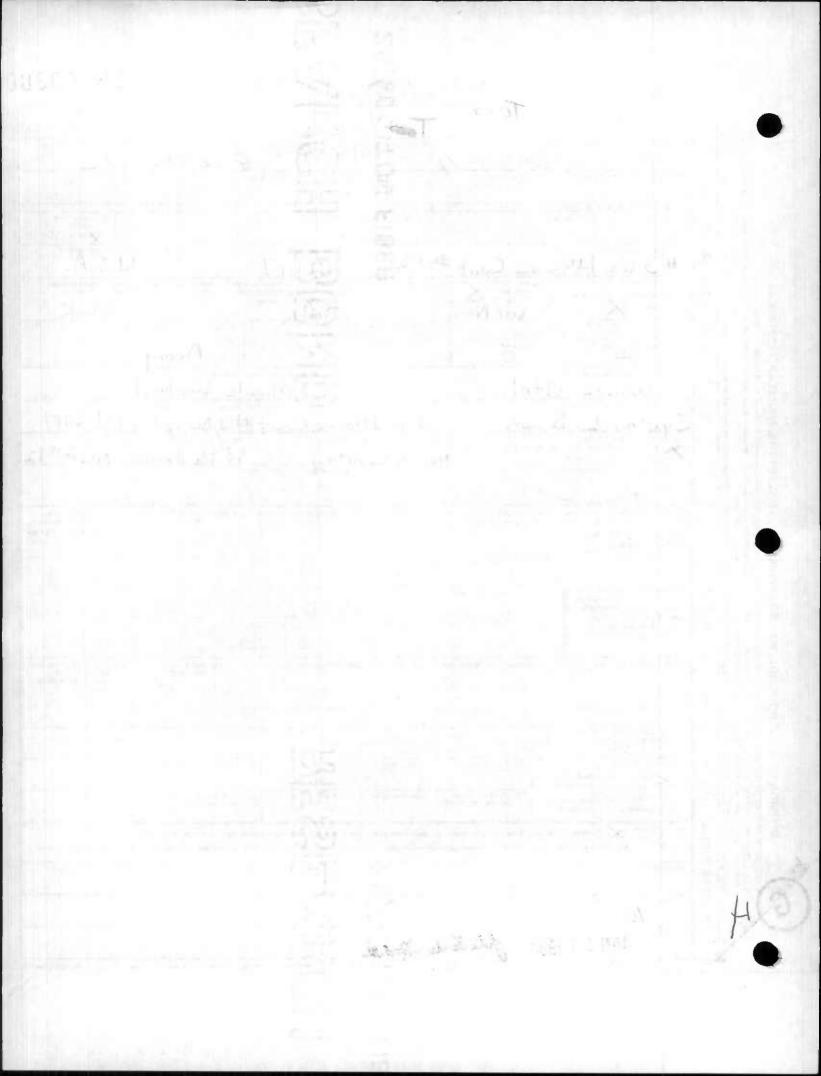


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	ENDING PHYSICIAN: The law requires that the death certificate be executed within
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31. DATE FILED (A)

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00380 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 2:4: Vernel 0 8. BIRTNPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 90-1 M 2 F YRS. 16 bunal-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR BALTIMORE VAMC RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 NES 2 NO BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? # 3 Woodth # ,S,A ONNE Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: 3 Widowed 4 Divorced Black page 5 should be detached for use as the Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ege (1-4 or 5+) Armi 12 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle Watten notified at W00 191 laude BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or State, Zip Code) 2 ithi Brower 9 20e, METHOD OF DISPOSITION
TS Burlet 2 Cremation 3 Removal from State
A Donation 5 Other (Specify). 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City DATE must other place) the attending physician and completely filled in by the funeral director, Mental Hygiene prior to burial, cremation, or removal. 1-94 27895 METERI the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Place. P.A. Home Estep Bros Eutar MD 1300 21217 23. PART I. Enter the diseases, or complications that caused the death too not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Between flock, or heart feliure. List only IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) SEPS 15 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): SARCOIDOSLS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OGILVIES SYNDROME DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? signed by the 1 YES 2 1 YES 2 NO been t, of has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 VES 2 NO 26. PLACE OF DEATN (Check only one) this certificate h Is marked, or item OSPITAL: OTHER: atlent 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE NOW INJURY OCCUREO 1 Netural 2 Accident 5 Pending Investigation TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with MPORTANT: If Item 28 is market 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide datermined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 199 Cast 115 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 2120 Orcene



S Hours efter death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours efter death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN REG. NO	E S	00381
	1. DECEDENT'S NAME (First, Middle, Lest) Elizabeth	R.		We		2. DATE OF DEATH MONTH	- 44	EAR 20:45 pmm
	549-10-24331	□ M 2 N F	yrs. lest birthdey)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	9/	BIRTHPLACE (State or Foreign Country) INARYLAND
TOR	99. FACILITY NAME (If not institution, give street WEISPRING NURS), RESIDENCE OF DECEDENT		R	/ /	OULNIE,	EATH	PE. COUNTY	7)
DIRECTOR	Maryland Howa	rd County	10c. CITY	r, town or loca Elli	TION COTT Ci	tv		10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	8540 W. Main St	reet		10	21043		-	.S.A.
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 30 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN I FORCES? 1 Tyes IF YES, GIVE WAR OR DAT	2 XNO	If yes, at		NIC ORIGIN? (Specify Yeon, Puerto Rican, etc.) y:	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White
8	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATI vork done during me e retired.)	ON ost of working	16b, KIND OF BU	SINESS/INDUS	
COMPLETED	6	College (1-4 or 5+)		mstres		Woole	n Mil	1
	17. FATHER'S NAME (First, Middle, Last)  George E. Bo	onst				ME (First, Middle, Maiden	-	
8	19e. INFORMANT'S NAME (Type/Print)	Jpsc	19b. MAILING	ADDRESS (Street		Cecelia Route Number, City or Tow		
٩	Mrs. Pauline Teal							nie, MD 21060
	20e. METHOD OF DISPOSITION  1 Specifical Burlet 2 Cremation 3 Removal  4 Donatton 5 Other (Specify)	from State 20b. P	PLACE AND DATE OF	prosposition (Natural Description of the Cemet	eme of Cery Jan	OATE 20c. LO	cation — chy Svkesvi	or Town, State Lle, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS  DUAN	. Waigly		22. NAME A HAI	ND ADDRESS OF FA	RAL HOME ( MD 21784	P.O. B	ox 195)
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that caused it only one cause on each	tha death. Do n ch line.	ot antar tha mo	ode of dying, auc	h as cardiec or reap	ratory arreat	, Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Congesti	f in	east.	feilu	~		Onset and Death
_		DUE TO TOP AS A C	C A A	Lim	4 acc	4		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF	2	R. A.	7		
FF.	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	1:		_/		
E	reauiting In deeth) LAST							
_	PART II. Other aignificant conditions c	ontributing to death but	t not resulting i	n the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED C	* Cotto	inome	2110	Las La		1 _ YES 2	Tho	COMPLETION OF CAUSE DF DEATH?
N.	- A Walter	o vessey	V-An	c May d	~			1 Tes 2 No
PHYSICIAN: MEDICA		OSPITAL:		OTMER:	LACE OF GEATH (Ch	eck only one)		
HYS	1 YES 2 WNO 1	□ Inpatient 2 □ ER/Outpet 28s. DATE OF INJURY	lent 3 DOA		iURY AT	6 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCUR	FD
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY W	PRK? YES 2 ND	100 A 100 A		
	3 Suicide 4 Homicide  8 Could not be determined	28e. PLACE DF INJURY - building, etc. (Specif)	At home, farm, s	treet, factory, offic	10	281. LOCATION (Street City or Town, State)		Bural Route Number,
COMPLETED	2001	N: To the best of my knowled						
E CO	29b. SIGNATURE AND TITL OF CERTIFIER			n, m my opinion, (	29c. LICENSE NUM			ONED (Moeth, Day, Year)
TO BE	XXX				D4192	17	//	10/94
	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE DE GEAT	H //TEM 27) /Trop	Drint)				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF GEATH (ITEM 27) (Type, Print)

3708 MOUNTAIN RZ PUS ALONG

31. DATE FILED (Morith, Day, Year)

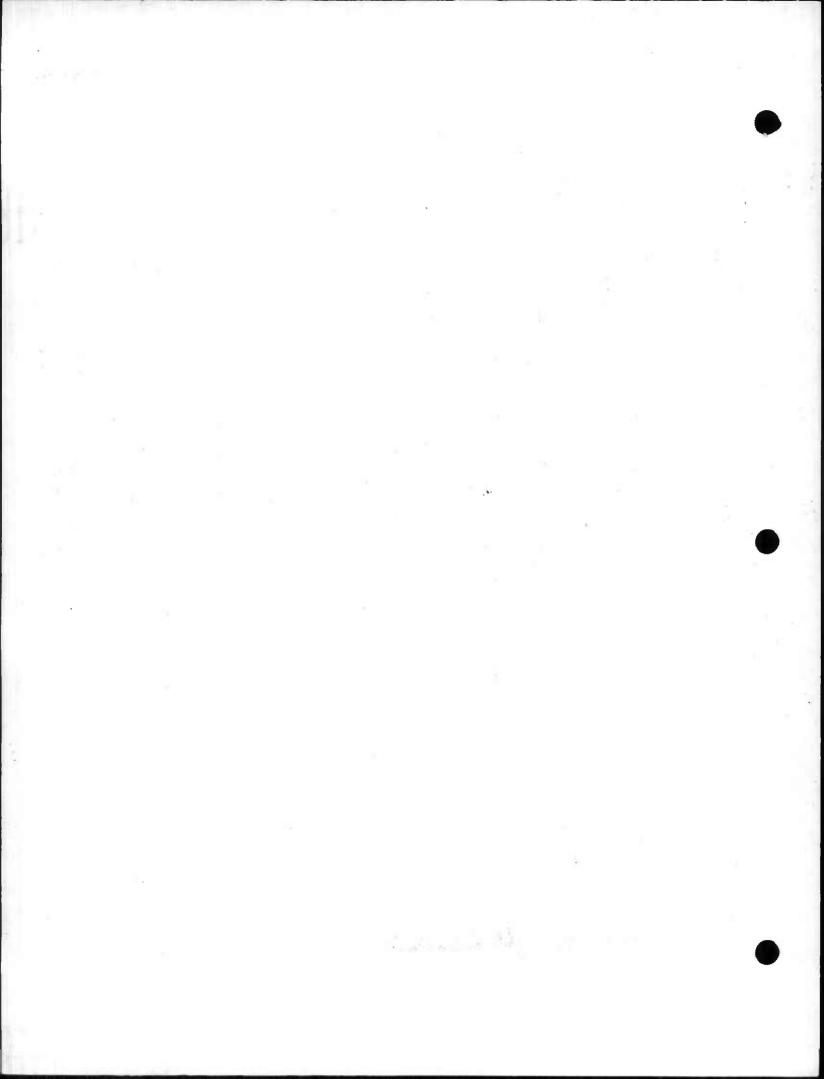
32. REGISTRAR'S SIGNATURE

Jorge REEZ-ALAMO

е 2 <del>м</del>м

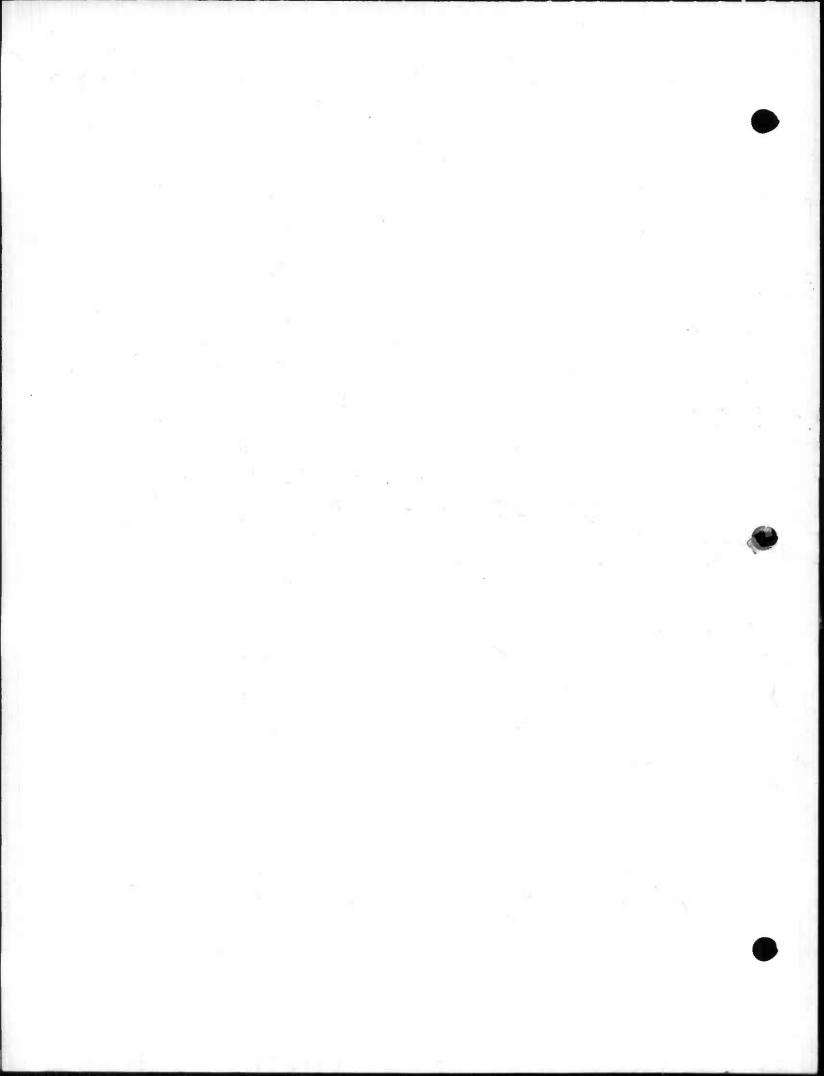
TO BE COMPLET	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for u	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE	NE 9	4 00382
	DECEOENT'S NAME (First, Middle, Last)	Ida G. Milbou				2. DATE OF DEATH MONTH		7EAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-10-7580  9a. FACILITY NAME (# not institution, give st	5. SEX 8. AGE (I	78 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  1- 29-	15	BIRTHPLACE (State or Foreign Country)  ALA
TOR	3218 Dorithain Road	reet and number)		Baltimor	PR LOCATION OF O	EATH	9c. COUNTY	Y OF GEATH
DIRECTOR	MD 100. STATE 10b. COUNTY	,	BALTO	WN OR LOCAT	ION	-		10d. INSIDE CITY LIMITS?  XX YES 2 \( \square\) NO
FUNERAL	3218 DORITHIAN RI	)		101	21215		10g. CITIZE	N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	N U.S. ARMED 2 NO ATES	If yea, sp		NIC ORIGIN? (Specify ) in, Puarto Rican, atc.) y:	faa or No— 14	I. RACE — American Indien, Black, White, etc. SpecifyBlack
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	lone during mo red.)			USINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Last) JOHN GRAY		TEACH	ER		ME (First, Middle, Meide	O CTTY	SCHOOT.
TO BE	190. INFORMANT'S NAME (Type/Print) WILLIAM JORDAN				nd Number or Rural	ENDLETON Route Number, City or 1		0620
	20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF DIS	POSITION (Na	me of	OATE 20c.	LOCATION — CIT	y or Town, Stata
	21. SIGNATURE OF FUNDINAL SERVICE LIC	Marcs	2	March 4300	F/H West Wabash Ave	enue Baltimo	ore. Md 2	1215
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditione, if any, leading to immediate	a. CA 12) 10  DUE TO (OR AS A	CONSEQUENCE OF):	using no	FARM	UST.	piratory erres	1, Approximate Interval Between Onset and Death Irrus
PHYSICIAN: MEDICAL C	PART II. Other significent condition	e contributing to deeth be	ut not reculling in th	e underlying	g ceuse given in	Part I. 24e. WAS / PERF. t _ YES	AN AUTOPSY ORMEO? 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO	HOSPITAL: 1 € Inpetient 2 □ ER/Outp.		HER:	ACE OF DEATH (Ch	8 Cher (Specify)		
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJ WO		28d. DEŞCRIBE HOV	V INJURY OCCUP	RED
	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, larm, atreet,	factory, offic		281. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLETED		CIAN: To the best of my knowledge.  R: On the best of examination						cause(s) and manner as stated.
TO BE	29b. SIGNATUBE AND TITLE OF CERTIFIER  20b. SIGNATUBE AND ADDRESS OF PERSON WH	Hors Hore	ATH/(ITEM 2D rype, Print)		29c. LICENSE NUI	o Y /	29d. DATE S	UA12 10, 1594
	St. DATE FILED (Month, Day, Year)  JAN 1 1 1994	32. NIGISTRAR'S SIGN		AVEN	BLUD.	BALTIMO	ORE, M	2.21239



<b>BALTIMORE, MARYLAND 2121</b>	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with photomics after death. Page 6 may be retained by the hospital or atter	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	with Thours at	ompletely filled in by
O. BOX 687	certificate be execute	ling physician and co
ECORDS, P.	uires that the death	signed by the attend Health and Mental H
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TENDING PHYSICIAN: The law re	TDR: After this certificate has bee after death with the State Dept. o
DIV	L OR AT	DIRECT HOURS

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT CERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYG REG.	, -	00383	
	1. DECEDENT'S NAME (First, Middle, Last	)			2. DATE OF DEAT	H DAY Y	3. TIME OF DEATH	
	ERNEST		MARTIN		01		5 56P M	
	4. SOCIAL SECURITY NUMBER	The second second	yrs. last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	1r)	BIRTHPLACE (State or Foreign Country)	
	230 88 7065	¹½ <sup>□ M 2 □ F</sup> 36	YRS.		525-25-914	V	irginia	
~ Œ	9e. FACILITY NAME (If not institution, give			OWN OR LOCATION OF D	EATH	9c. COUNTY	of DEATH	
DIRECTOR	Prince George Co Hospital Cheverly Prince G							
) E	10a. STATE 10b. COUN	тү	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?	
	Maryland Pri	nce Geo Co	Nev	Carroll	ton		1 TES 2 NO	
ERAL		m 1		10f. ZIP CODE			OF WHAT COUNTRY?	
FUNE	5420 85th Ave	enue T-1	S ARMED 13 W	20784	NIC OBIGIN? (Specif	USA	RACE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO If	yes, specify Cuben, Maxico	an, Puarto Rican, ato		Black, White, atc.	
D BY	3 Widowed 4 Divorced	111111111111111111111111111111111111111					Black	
ETEC	15. DECEDENT'S ED (Specify only highest grad		6a. DECEDENT'S USUAL OCC (Give kind of work done du	UPATION ring most of working	16b. KIND O	BUSINESS/INDUS	TRY	
1 -	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.) Clerk		Safe	way Foo	d Stores	
once.	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Mi	alden Surnemel		
T				io. Mottlett 3 to	THE (THOS, MICOIO, MI	aden durname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRESS (	Street and Number or Rural	Route Number, City of	Town, State, Zip Co	de)	
T T								
c event, the medical examiner must be i	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Res	moval from State 20b. Pt	LACE AND DATE OF DISPOSIT	ION (Name of	DATE 20	c. LOCATION City	or Town, State	
ar mo	1 Burial 2 Cremation 3 Read 4 Donation 5 Other (Specify)1 Y	state remov	val					
examiner	21. SIGNATURE OF FUNERAL SERVICE L	icenser and d Wa					omy Board	
ex ex	xmm1/	Mull		W.Baltimo				
medical	23. PART I. Enter the diseases, pr shock, or heart failure	r complicatione that caused the Liet only one ceuse on each	he death. Do not enter the line.	ne mode of dyling, suc	ch es cerdiec or a	espiratory errest	Approximate Interval Between	
E B	iMMEDIATE CAUSE (Finel disease or condition		10.00				Onset and Death	
event, t	resulting in death)	8	preun	your		-		
eve _	Sequentially list conditione,  If env. leeding to immediate  a.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):							
ry, or other traumatic	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):	acher	chy sy	Mun	~	
CA Ita	cause. Enter UNDERLYING CAUSE (Disease or Injury	С.						
other TIFIC	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	DNSEQUENCE OF):					
5 E	resulting in deeth) LAST	d					1	
5171	PART II. Other significent condition			erlying ceuse given in		S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
S (3 )	PART II. Other significent condition			erlying ceuse given in	PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
> (3 l	PART II. Other significent condition	. (		erlying cause given in	PE		AVAILABLE PRIOR TO	
MEDIC	PART II. Other significent condition			erlying ceuse given in	PE	RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC	PART II. Other significent condition  P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	reumo the	orax	erlying ceuse given in	1 Y(	RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
or Item 23 shows any in IYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DAG	HOSPITAL:	orther:	26. PLACE OF DEATH (C)	PE 1   YI	RFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
or Item 23 shows any I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH	HOSPITAL:	ent 3 DOA 4 Nursir	26. PLACE OF DEATH (C/	PE 1   YI	RFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
marked, or Item 23 shows any BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MAN  27. MANNER OF DEATH  1 Return 5 Pending Investigation	HOSPITAL:  1 (Inpatient 2   ER/Outpette  28a. DATE OF INJURY (Month, Day, Year)	ent 3 DOA 4 Nursir  29b. TIME OF INJURY M	26. PLACE OF DEATH (C/	neck only one)  8 Other (Specify  28d. DESCRIBE H	OW INJURY OCCUR	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
8 is marked, or item 23 shows any ED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2  JANO 27. MANNER OF DEATH 1  Natural 5  Pending	HOSPITAL:  1 (Inpatient 2   ER/Outpette  28a. DATE OF INJURY (Month, Day, Year)	ant 3 DOA OTHER:  28b. TIME OF INJURY M  At home, tarm, street, tactor	26. PLACE OF DEATH (C/	neck only one)  8 Other (Specify  28d. DESCRIBE H	OW INJURY OCCUR	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
8 is marked, or Item 23 shows any ED BY PHYSICIAN: MEDIC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DMO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	HOSPITAL:  1 Propertient 2 ER/Outpette  28e. DATE OF INJURY (Month, Dey, Year)  26e. PLACE OF INJURY — building, etc. (Specify)	ant 3 DOA OTHER: 4 Nursir 28b. TIME OF INJURY M At home, term, street, tactor	26. PLACE OF DEATH (C)  Ing Home 5 Residence  Sc. INJURY AT  WORK?  1 YES 2 NO  y, office	PE 1 YI  seck only one)  8 Other (Specify  28d. DESCRIBE H  28f. LOCATION (S  City or Yown,	OW INJURY OCCUR	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
If item 28 is marked, or item 23 shows any MPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Impatient 2   ER/Outpatie  28a. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY — building, etc. (Specify)	ant 3 DOA 4 Nursir  28b. TIME OF INJURY M  At home, tarm, street, tactor	26. PLACE OF DEATH (C)  Ing Home 5 Residence  Sc. INJURY AT  WORK?  1 YES 2 NO  y, office  e, data and place, and due	PE 1 VI  neck only one)  8 Other (Specify  28d. DESCRIBE H  28f. LOCATION (S City or fown,	OW INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
IANT: If item 28 is marked, or item 23 shows any i COMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   DAO  27. MANNER-OF DEATH  1   Return 5   Pending Investigation of the description of the description of the description one)  2   Accident   Gentleying Physics   Certifier (Check only one)   Certifier   Certifying Physics   Certifying Physics   Certifier   Certifying Physic	HOSPITAL:  1 Inpatient 2 ER/Outpette  28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY — building, etc. (Specify)  SICIAN: To the best of my knowled-	ant 3 DOA 4 Nursir  28b. TIME OF INJURY M  At home, tarm, street, tactor	26. PLACE OF DEATH (C)  ig Home 5 Residence  8c. INJURY AT  WORK?  1 YES 2 NO  y, office  e, dete and place, and duninion, death occurred at the	PE 1 YI  Neck only one)  8 Other (Specify  28d. DESCRIBE H  28f. LOCATION (S City or Town,  to the cause(s) and time, data and place	OW INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,	
PORTANT: If item 28 is marked, or item 23 shows any in ECOMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpatient 2 ER/Outpette  28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY — building, etc. (Specify)  SICIAN: To the best of my knowled-	ant 3 DOA 4 Nursir  28b. TIME OF INJURY M  At home, tarm, street, tactor	26. PLACE OF DEATH (C)  Ing Home 5 Residence  Sc. INJURY AT  WORK?  1 YES 2 NO  y, office  e, data and place, and due	PE 1 YI  Neck only one)  8 Other (Specify  28d. DESCRIBE H  28f. LOCATION (S City or Town,  to the cause(s) and time, data and place	OW INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
IANT: If item 28 is marked, or item 23 shows any COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   DAO  27. MANNER-OF DEATH  1   Return 5   Pending Investigation of the description of the description of the description one)  2   Accident   Gentleying Physics   Certifier (Check only one)   Certifier   Certifying Physics   Certifying Physics   Certifier   Certifying Physic	HOSPITAL:  1 Impattent 2 ER/Outpette  28e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY — building, etc. (Specify)  SICIAN: To the best of my knowled NER: On the basis of examination at	ant 3 DOA 4 Nursir  28b. TIME OF INJURY M  At home, term, street, tector  age, death occurred at the time and/or investigation, in my oping	26. PLACE OF DEATH (C)  10 Home 5 Residence  10 NJURY AT  WORK?  1 YES 2 NO  10	PE 1 VI  neck only one)  8 Other (Specify  28d. DESCRIBE H  28f. LOCATION (S City or fown,  to the cause(s) and other, data and place  MBER	OW INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,  suse(s) and manner as stated.	
PORTANT: If item 28 is marked, or item 23 shows any in ECOMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFI	HOSPITAL:  1 Impattent 2 ER/Outpette  28e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY — building, etc. (Specify)  SICIAN: To the best of my knowled NER: On the basis of examination at	ant 3 DOA 4 Nursing 28b. TIME OF INJURY M  At home, term, street, factor and the time ind/or investigation, in my oping the individual of	26. PLACE OF DEATH (C)  10 Home 5 Residence  10 NJURY AT  WORK?  1 YES 2 NO  10	PE 1 YI  Neck only one)  8 Other (Specify  28d. DESCRIBE H  28f. LOCATION (S City or Town,  to the cause(s) and time, data and place	OW INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,  suse(s) and manner as stated.	



im 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

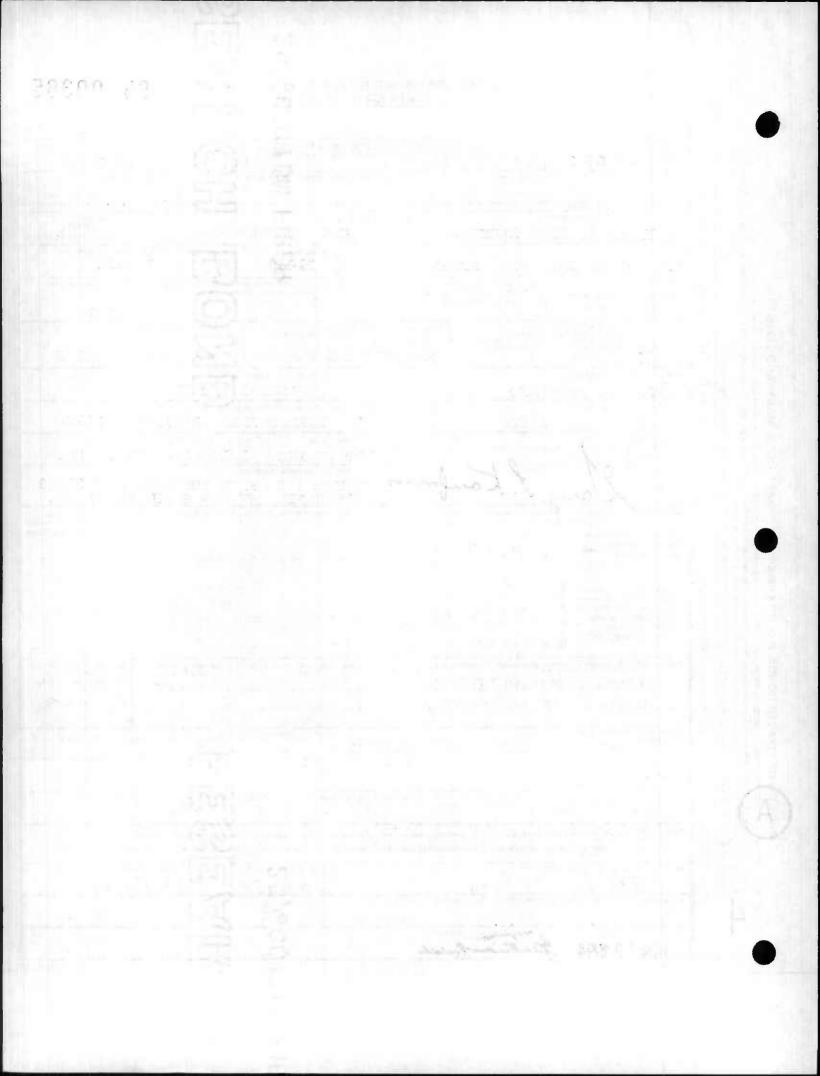
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IOSPITAL	E FUNERAL DIR	vithin 72	IMPODTANT: 16 10.00
TO THE	TO THE F	be filed v	POPUL
	(	?	/

94 0	0	3	8	4
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	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEI	16	34 00384	
	1. DECEDENT'S NAME (First, Middle, Last) CELESTINE	AKA Mary	Celestin	e McCar	dell			3. TIME OF DEATH	
		SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
		□ M 2 □X	84 YRS.	MONTHS DAYS	HOURS MIN.	,	1909	MARYLAND	
æ	90. FACILITY NAME (If not institution, give street of Good Samaritan				TIMORE		Oc. COUNTY	OF DEATH	
CTC	RESIDENCE OF DECEDENT								
DIRECTOR	MARYLAND BALT	10c. CITY	TOWN OR LOCAT	1 = 175		10d. INSIDE CITY LIMITS? 1  YES 2 NO			
FUNERAL	106. STREET AND NUMBER  2 C Smeton Place	Dulaney To	nwere	101	ZIP CODE 2120	11		DE WHAT COUNTRY?	
UNE	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN I	J.S. ABMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye		RACE - American Indian	
ВУ		FORCES? 1 TYES IF YES, GIVE WAR OR OAT		If yes, spe	2 WO Speci	an, Puerto Rican, atc.) fy:		Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted)	(Give kind of w	USUAL OCCUPATIO	N st of working	16b. KINO OF BU	JSINESS/INDUST		
PLE	Elementary/Secondary (0-12) Co	llege (1-4 or 5 +)		usewife		Hon	nemakei	r	
SO	17. FATHER'S NAME (First, Middle, Last)				_	AME (First, Middle, Maide	n Surname)		
BE	Patrick Hyne	es				Hynes			
5	J. Neil McCard	dell		Smeton		Route Number, City or To Towson,			
	20a. NETHOD OF DISPOSITION 1	from State 20b. F	LACE AND DATEO	F DISPOSITION (Nei	Cem.	1 1/ 1	CATION - City	e City, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE MARTINE	Din		D ADDRESS OF FA			0 01(),	
	▶ Martin D. L	awson	Com	Lemr		hell-Wiede	feld, l		
	23. PART i. Entar the diseases, or comp ahock, or haert failure. List of	olications that ceused to only one ceuse on each	ha daath. Do ne h iina.	ot anter the mo	de of dying, suc	th as cerdiac or resp	iratory arrest	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	ENCOE CHON	alle sec	TOUCHUS	- 1 1 1 1 2 2	miner is		Onset and Death	
	resulting in death) a.	DUE TO (DR AS A C	ONSEDUENCE DE	): N(T+	MEZELL.	ATORY PA	ILURE	1130 1 071	
NO	Sequantially list conditions, b.	OON GEST			LYRE			3 MEEN?	
P. P.	if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	302 10 (011 70 70	ONSEDUENCE OF						
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEDUENCE DF	):					
CER	d							-	
CAL	PART II. Other significant conditions con	ntributing to deeth but	not resulting in	the underlying	cause given in	Part I. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
PHYSICIAN: MEDIC						1 TYES	2 🖹 NO	COMPLETION OF CAUSE OF DEATH?	
 N						_		1 YES 2 ND	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		28. PL	ACE DF OEATH (Ch	eck only one)			
HYSI	1 YES 2 NO 1 X	Inpatient 2 ER/Outpati		4 - Nursing Home		6 Other (Specify)	IN ILIMY OCCUPA		
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJU	IRY WOI		28d. OEŞCRIBE HOW	INJURY OCCURE	ED .	
ED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE DF INJURY — building, atc. (Specify	At home, ferm, st	reet, tectory, office	,	26t. LOCATION (Street City or Town, Stells	end Number or R	lurel Route Number,	
9	29e. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSICIAN:	To the hest of my knowled	lae deeth occurre	d at the time date	and place and due				
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On							suse(e) end manner ee atsted.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)	
TO B	DR OWIREDU-ADI	DO MD			井03	2	▶ JANI	HRY 8th 1994	
	30. NAME AND ADDRESS OF PERSON WHO CON	HO (NITA)	1 (C) (A	RATINU	ROULEN	ARD RA	an comp	2	
ĺ	31. DATE FILED (MORIT), Day, Year)  JAN 11 1994	32. PEGISTRAR'S SIGNAT	URE	I-III	0 21(20)	- V 13L	, 11.11 0 100		
	INNI I 1007	of what Bandley	Mendally						

F VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within actors after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIMESON OF VITAL RECORDS	D THE HOSPITAL OR PRESIDENCIAN; The law requires that the di	O THE FUNERAL UNIVERSITY AND THIS CERTIFICATE has been signed by the sefiled within 72 persons on the with the State Dept. of Health and Mer	MPORTANT: If item 28 is marked, or item 23 shows any injur

	1 - STATE REGISTRAR	SIAIE UF M					DEAT		MENTAL HYGIEN REG. NO		94	00385
	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE OF DEATH		3.	TIME OF DEATH
	DUANE	A			MORE	LANI	)	9)		AY 09	YEAR Q4	10:35 AM M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birt		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	214-46-0482	M 2 □ F	46	/RS.					06 14	47	MAR	YLAND
œ	Se. FACILITY NAME (If not Institution,				9b. CITY	TY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					гн	
DIRECTOR	NORTH ARUNDEI	HOSPITAL A	SSOCIATIO	NC		GLEN	BUR	NIE_			A.A.	COUNTY
E C	10a. STATE 10b. C			c. CIT	Y, TOWN	OR LOCAT	ION	71			10	d. INSIDE CITY
		DEL			GLE	N BU	RNI	E		1	LIMITS?	
3AL	10e. STREET AND NUMBER	DE DOID	, D			101	ZIP CODE					AT COUNTRY?
NE	150 HAMMARL			PT:A 21060					J.S.A			
BY PÜNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [	EVER IN U.S. ARMED YES 2 X NO R OR DATES			If yes, sp	ENDENT O	n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No—	14. RACE — Black, V Specify: WHI	American Indian, Vhita, atc.
COMPLETED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	18a, DECED	ind of v	work done	CCUPATIO	ON st of workin	a	16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT us	e retired.)				DOAD	CON	CMDII	CTION
PM P	1.2 17. FATHER'S NAME (First, Middle, La:	0	CONS	) T. L	OCT	TOM					DIKU	CIION
	DUANE O. MO								ME (First, Middle, Malden			
BE	19a. INFORMANT'S NAME (Type/Print)		19b, M/	AILING	ADDRESS	S (Street a	-		Poute Number, City or Tox		p Code)	
5	DUANE O. MO	RELAND			402				ILLE, MAR			21108
	20a, METHOD OF DISPOSITION 1 □ Burlal 2 1 Cremation	Ramoval from State	20b. PLACE AND								City or Town	
	1 Gurtal 2 Cremation Grant Gra		METRO	ĆĖ					1/10 CA	TONS	SVILL	E,MD.
	Day Jan	y J. Ko	ufme	n	R	AYM	OND	C.	FINK FUN WY.S.W.G	ERAI	HOM	E 21061
	23. PART I. Entar the diseases	, or complications that	ceused the death.	. Do r								Approximate
	23. PART f. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or haert fellus. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reculting in death)  a. Hy patension  put to (or as a consequence or):									interval Between Onset and Death		
	rooding at death)											
NO	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):									1		
ATI	if any, leading to immediate cause. Enter UNDERLYING											
IFIC	CAUSE (Disease or Injury that initiated events	a DIABE	OR AS A CONSEQUE	NCE O	F):							
CERTIFICATION	resulting in death) LAST	d. CIRRH	0515 61	7=	410	ER	^					
LC	PART II. Other algnificant cond	ditions contributing to d	leeth but not resu	iting	in the ur	nderlying	Ceuse g	iven in	Part I. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
ICAL	0.	MALNUTA					- 100		PERFO		C	AILABLE PRIOR TO OMPLETION OF CAUSE
MED	RENAL	INSUFFIC	IENCY							· (DAIO		F DEATH?
Ä.												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			07115		ACE OF D	EATH (Chi	ock only one)			
YSI	1 D YES 2 DATO	1 5 Inpetient 2 🗆	ER/Outpatient 3 🗆 t	DOA	OTHER	sing Hom		sidence	6 Other (Specify)			
F	27. MANNER OF DEATH  1 ☑ Netural 5 ☐ Pending	28a. DATE OF II (Month, Day		MIT .di	E OF URY		RK?		28d. DESCRIBE HOW	INJURY OC	CURED	TELL COLOR
BY	2 Accident investiga	260 PLACE OF	INJURY At home,	torm .	M dent		/ES 2 [	NO	261. LOCATION (Street	and March	O O	
E	3 Suicide 6 Could red	N De building, e	tc. (Specify)	reitit, t	Mileer, raci	ory, omc	100		City or Town, State	and Numbe	r or Hurai Hou	e Number,
LEI I	29a. CERTIFIER	PHYSICIAN: To the best of n	ny kromindra daeth	2001100	ed at the t	ima data	and place	and due	An the saves(a) and me			
COMPLET	one) —	MINER: On the basis of axe										nd manner as stated.
	296. SIGNATURE AND TITLE OF CER	TIFIER					29c. LICE	NSE NUN	IBER	29d. DAT	E SIGNED (M	lonth, Day, Year)
D BE	Delm	MI	)				03	1895	8	<b>&gt;</b>	1/9/9	4
5	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE	OF DEATH (ITEM 27	) (Type,	Print)		100				1.1.	/
	DALJEET S. SI 31. DATE FILED (Month, Day, Year)			POL	TS. R	OAD,	SUL	TE 1	O6/ODENTON	J. MA	RYLANI	21113
		REGISTRAR	'S SIGNATURE									
1	JAN 10 1994	Common and the same	Monthe									



	REGISTRAR		RYLAND / DEPAI CERTIF	ICATE OF			REG. NO.		94	
:	1. DECEDENT'S NAME (First, Middle, Lest) THOMAS		NPHAEL	MCKENNA		MONTH		8,199 <sup>2</sup>	EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-40-4023	1 🛛 M 2 🗆 F	AGE (In yrs. lest birthday) 78 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	10/	73/191	5	Country)	ce (State or Fore
ECTOR	St. Joseph Manor				or Location of D More City			9c. COUNTY	OF DEATH	
DIR	Maryland 106. COUNT	Υ	Baltimore City						10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO	
ERAL	911 W. Lake Av	/e.		10	101. ZIP CODE 10g. CITIZ					COUNTRY?
BY FUN	11. MARITAL STATUS  1 \( \text{Never Married}  2  \text{Married}  3  \text{Widowed}  4  \text{Divorced} align*	VER IN U.S. ARMED YES 2 X NO OR DATES	If yes, sp	cendent of HISPA pecify Cuben, Mexic 3 2 X NO Speci	en, Puerto I		or No 14.	RACE — Black, WI Specify:	American Indian hite, etc. White	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT			SINESS/INDUST	TRY	***************************************		
COMPL	17. FATHER'S NAME (First, Middle, Lest)	Cati	atholic Priest Ch					5 11 3		
BEC	Swithin		CKenna	Lily	0		rice		McBride	
2	St. Joseph Society of	f the Sacred I		30 N. Ca				n. State, Zip Co.	212	202
	Trease 2 140	Warry &	-9							-I D -I
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure. the temperature of the temper	DUE TO (OR		not enter the mo	ard J. Ru	ch se card	lisc or reepi	iratory srrest		Approximati
MEDICAL CE	shock, or heart fellure.  tMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR d	AS A CONSEQUENCE OF AS A C	not enter the mo	ods of dying, suc	ar ar	lisc or reepi	AUTOPSY MED?	24b. WE AVM COI OF	Approximation of the control of the
MEDICAL CE	shock, or heart feilure.  tMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE OF AS A C	OF):  OF):  In the underlyin  26. P	ng cause given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE AVM COI OF	Approximat Interval Bet Onset and I Onset and I RE AUTOPSY FINI ILABLE PRIOR TO MPLETION OF CA DEATN?
PHYSICIAN: MEDICAL CE	shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  Natural 5  Pending	DUE TO (OR  DUE TO (OR  C.  DUE TO (OR  d.  DUE TO (OR	AS A CONSEQUENCE OF AS A C	orp:  OF):  OF):  26. P  OTHER: 4   Nursing Non ME OF   28c. IN. WW	ods of dying, suc	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WE AVA COIO OF 1 [	Approximat Interval Bet Onset and I Onset and I RE AUTOPSY FINIT ILABLE PRIOR TO MPLETION OF CAI DEATN?
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BALLIMORE, MARYLAND 21215-0020	combours after death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit estate Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VILAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

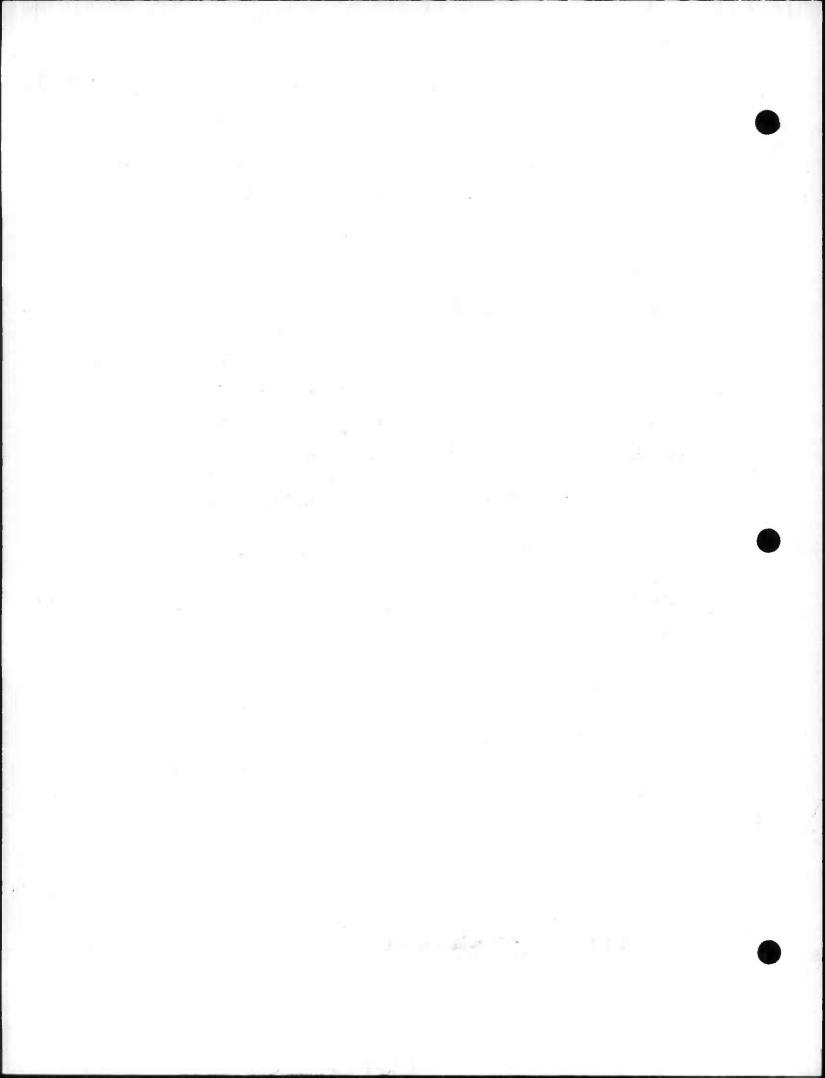
	1 - FOR REGISTRAR	STATE OF I		) / DEPAR					MENT	AL HYGI		94	003	87
	1. DECEDENT'S NAME (First, Middle, Last) Richard	RICHARI L.	LEE M		oore	3			2. DAT		DAY	YEAR 994	3. TIME OF DEA	TH M
	4. SOCIAL SECURITY NUMBER 214-30-2845	5. SEX 1  M 2  F				IF UNDER	24 HRS. MIN.	7. DAT	E OF BIRTH onth, Day, Year	,	8. BIRTHPLACE (State or Foreign Country)		oreign	
	9a. FACILITY NAME (If not institution, give st		37		9b, CITY	r. TOWN (	DR LOCATI	ON OF DE		-29-34		NTY OF I	RYLAND	
DIRECTOR	Harbor Hospita	,	er			tim			-AIII			/A	JEAIN	
E I	toe. STATE tob. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	Y
	MD N/A			В	ALTI		. ZIP COD						1 X YES 2	NO
FUNERAL	1216 SOUTH HANOVE	ER STREET	<u></u>				2123					S.A	what country?	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DEC	ENDENT (	OF HISPAN	VIC ORIG	3IN? (Specify	Yea or No	14, RAC	E — American Indi	len,
BY	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE V	WAR OR DATES				2 NO			o Rican, atc.)		Spec		
			REAN				Λ					WH	ITE	
逆	15. DECEDENT'S EDUC (Specify only highest grade		18a.	Give kind of	work done			ng	1	6b. KIND OF	BUSINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		He. Do NOT U	se retired.)			n		CROSS	STRE	ЕТ М	ARKET	
ō	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First	t, Middle, Mai				
E	JAMES T. MOORE,	SR.					MAR	GARE'	T A	. SMIT	H			
00	19a. INFORMANT'S NAME (Type/Print)		T	19b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural I	Route Nu	imber, City or	Town, State, Zig	Code)		
임	CHARLES E. MOORE		- 1										IE, MD 2	1061
	20s. METHOD OF DISPOSITION 20b. PLACE AN									-	LOCATION -			
	1 M Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) GLEN HAV				ther place)	MORT	AT. P.	ARK	11	/11 (	LEN B	JRNI	E. MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	TODE	· IIII · Di			ND ADDRE			,				
	M. Senne	Frekin								L HOME		RNTE	, MD 210	)61
	23. PART I. Enter the displace, or o	omplications the	t ceused tha	daath. Do i	not enter	the mo	da of dy	ing, auc	h ea ce	erdiac or ra	spiratory ar	reat,	Approxim	ate
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Arteriosclero				c Ca	rdi	ovas	scul	.ar	Dise	ase		interval 8 Onset and	
2		DUE TO	(OR AS A CON	ISEOUENCE O	F):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEOUENCE O	F):									
FIC	cause, Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CON	SEOUENCE O	F):									
E	resulting in death) LAST													
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ICAL	PART II. Other aignificant condition	e contributing to	daath but no	ot reaulting	in the u	nderiyin	g cause	given in	Pert i.	PER	AN AUTOPSY FORMED?	24	AVAILABLE PRIOR COMPLETION OF	TO
													OF DEATH?	NO
PHYSICIAN: MEDICA										Tud	uiry		1   YES 2	NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only	one)				
S	1 XYES 2 NO	1 Inpatient 2	ĎĘR/Oulpatien	3 🗆 DOA	4 Nu		6 5 🗆 R	esidence	6 🗆 Ot	her (Specify)				
ВУ РН	1 Natural 5 Pending (Month, Day, Year)				IE OF JURY M		URY AT PRK? YES 2	] NO	28d. D	EȘCRIBE HO	W INJURY OC	CURED		
	3 Suicide 8 Could not be determined	Duliging, arc. (Spi			atreet, fac	tory, offic				OCATION (Str ity or Town, St		or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC  ZF MEDICAL EXAMINE												a) and manner as a	ntated.
	MIL SIGNATURE AND TITLE OF CERTIFIER	11 (1)	( )	- 1			29c. LIC	ENSE NUN	MDER		29d. DAT	E SIGNED	) (Month, Dwy. Year)	
296. LICENSE NUMBER  O. C. M. E.					▶01	0	7 199	4						



Mario F. Golle
31. DATE FILED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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executed within Jours after death. Page 6 may be retained by the hospital or attend	and completely filled in by the funeral director, page 5 should be detached for use as 5 burial, cremation, or removal.	natic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

Dr. Emory Lindners

31. DATE FILEO (Month, Day, Year)

JAN 1 1 1994

1. DECEDENT'S NAME (First, Middle, L. Francis E.			10			O.		2. DATE OF MONTH	DAY	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	Jan .		994	11:15 A. THPLACE (State or Foreign
178-18-9319	1 📉 M 2 🗍 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	18,1907	Pen	nsylvania
98. FACILITY NAME (If not institution, g 5311 Bush S				9b. CITY		ite M			9c. C	Bal+	imore
RESIDENCE OF DECEDENT							rai b			ратс	
Maryland 106. CO	Baltimore		177	White							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			10		101	ZIP CODE			10g.	CITIZEN OF	WHAT COUNTRY?
5311 Bush S	Street					2116	2			U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARI I YES 2 X N MAR OR DATES			If yes, spe	ENDENT O	n, Mexica	n, Puerto Ric	Specify Yes or No- en, etc.)	Bla	CE — American Indian, ock, White, atc.
15. DECEDENT'S (Specify only highest g		16a. DE:	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	a	16b. K	IND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12) N/A	College (1-4 or 5	+)				iden			Bank		
17. FATHER'S NAME (First, Middle, Lest)		1133		100	~ I CS			ME (First Mid	die, Maiden Surnam	e)	
- The state of the	O'Rourke					100	roli		Jone		
19a. INFORMANT'S NAME (Type/Print)	- HOULKE	198	. MAILING	AODRESS	S (Street a				City or Town, State,		
Francis E. O'Ro	urke, Jr.								h, MD 2		
20e METHOD OF DISPOSITION  1   XBurlel 2   Cremation 3   F 4   Donation 5   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE		206. PLACE A cemetery, cree HOLY	matory or o	of DISPOS ther place! SS C	eme t	me of erv		OATE	Yeador		Town, State
* Robert AV	V. J	_		22. S	chin	o ADDRES	Fur	neral	Homes,	Inc.	01004
23. PART I. Enter the disease, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	or complications the are. List only one case a	It coused the deuse on aach line (OR AS A CONSECTION AS A CONS	DUENCE O	22. S 9 not enter	Chin 705	o ADDRES nunek Bela	Fur ir F	neral Rd., B	Homes,	Inc.	Approximata interval Between
shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO  d. DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF	22. S 9 not enter	NAME AN Chin 705 the mo	no ADDRESS NUMBER BELA	Fur ir F ng, suc	Part I. 2	Homes,	Inc.	Approximate Interval Betwee Onset and Da
shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other alignificant condit  25. WAS CASE REFERRED TO MEDICA EXAMINER?	or complications the are. List only one case a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	OR AS A CONSECTION OF THE PROPERTY OF THE PROP	DUENCE OF	22. S 9 not enter P: F): OTHER	NAME AND Chin 705 the mo	D ADDRESS NUMER Bela da of dyl	Fur in Fung, suc	Part I. 2	Homes, altimore or respiratory	Inc.	Approximate Interval Between Onset and Da On
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29d. DATE SIGNED (Month, Day, Year)

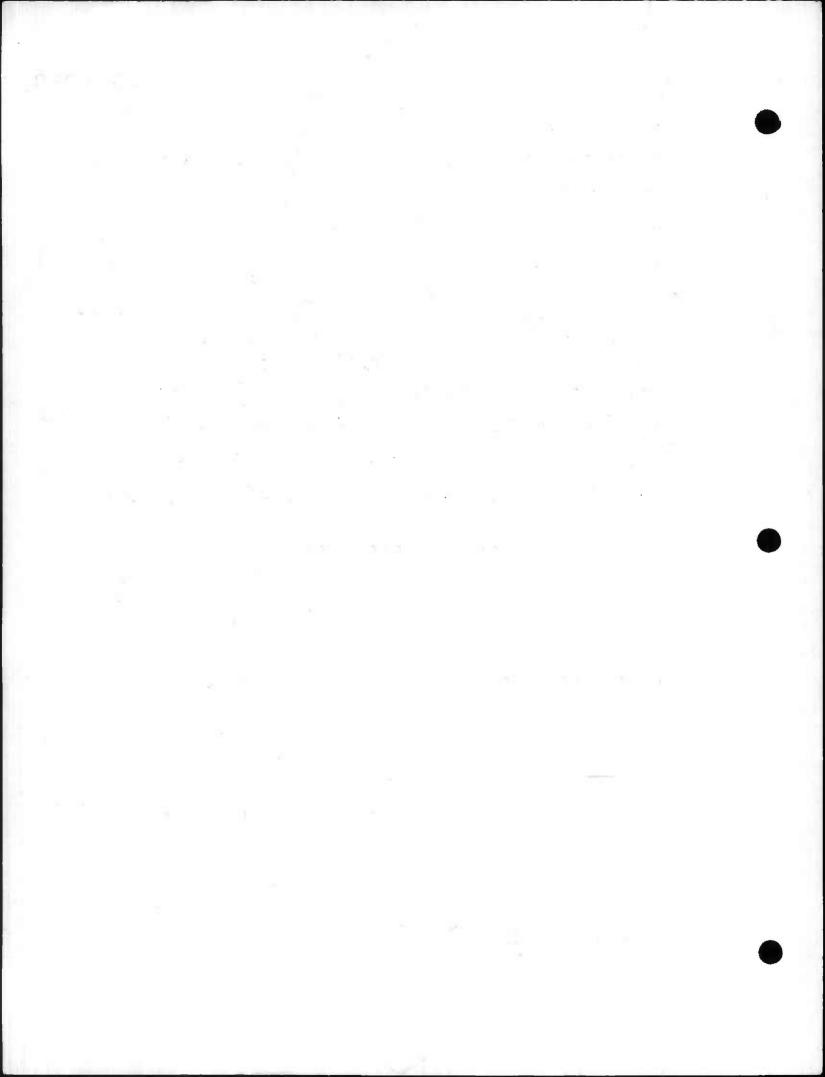
TAN 6 19 902 Averill Road, Joppa, MD 21085 DHMH-18 Rev 1/89 ITEMS: 23 PART I, II, 27, 28a-f, PER MED FILM G-709 3/7/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR 94 00389 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN MONTH () 03 ANTOINE OLIVER R04 6:59 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Yea BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 - F 214-78-8561 DAYS HOURS YRS m permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY AITU TYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the funeral director, page 5 should be detached for use as the burial-transit 5.7 21213 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No It yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2 8 1 TYES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only big (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 4) once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at 0 8 19b. MAILINO AODRESS (Street and Number 2 20a. METHOO OF DISPOSITION 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION DATE City or Town, State must Burial 2 Cremetton 3 Removal from State matory or other place! Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY iours after death. medical and completely filled in by in burial, cremation, or remo-23. PART I. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition . ACUTE COCAINE AND NARCOTIC INTOXICATION resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, **OUE TO (OR AS A CONSEQUENCE OF)** CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): 2 the attending physician Mental Hygiene prior to if any, leading to immediate requires that the death certificate be cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL signed by the any ATHEROSCLEROTIC CARDIOVASCULAR DISFASE YES 2 NO OF DEATH? 1 YES 2 NO has been Dept. of P PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) The Hem the State HOSPITAL:
1 □ Inpatient 2X ER/Outpatient 3 □ DOA OTHER: 1 X YES 2 - NO OR ATTENDING PHYSICIAN: ng Nome 5 Residence 6 Other (Specify) 0 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) r this c marked, 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural М After the 6:37 P B FOUND: 1-3-94 UNKNOWN 2 Accident 26a. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1215 BRADFORD STREET BALTIMORE, MARYLAND 3 Suicide a XXCould not be DIRECTOR: / COMPLETED 28 4 Homicide BALTIMORE FOUND: RESIDENCE 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 h (Check only one) 2XXMEDICAL EXAMINER: On the be ation and/or investigation, in my opinion, death occured at the time, data end placa, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND ATTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 01/04/94 unte up 2 LETED CAUSE OF DEATN (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

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TO THE INCREME OF ALLENDING OF	TO THE FUNERAL DIRECTOR:	be filed within 72 hours after death	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or
200	FUNERA	within 7.	TANT: 1
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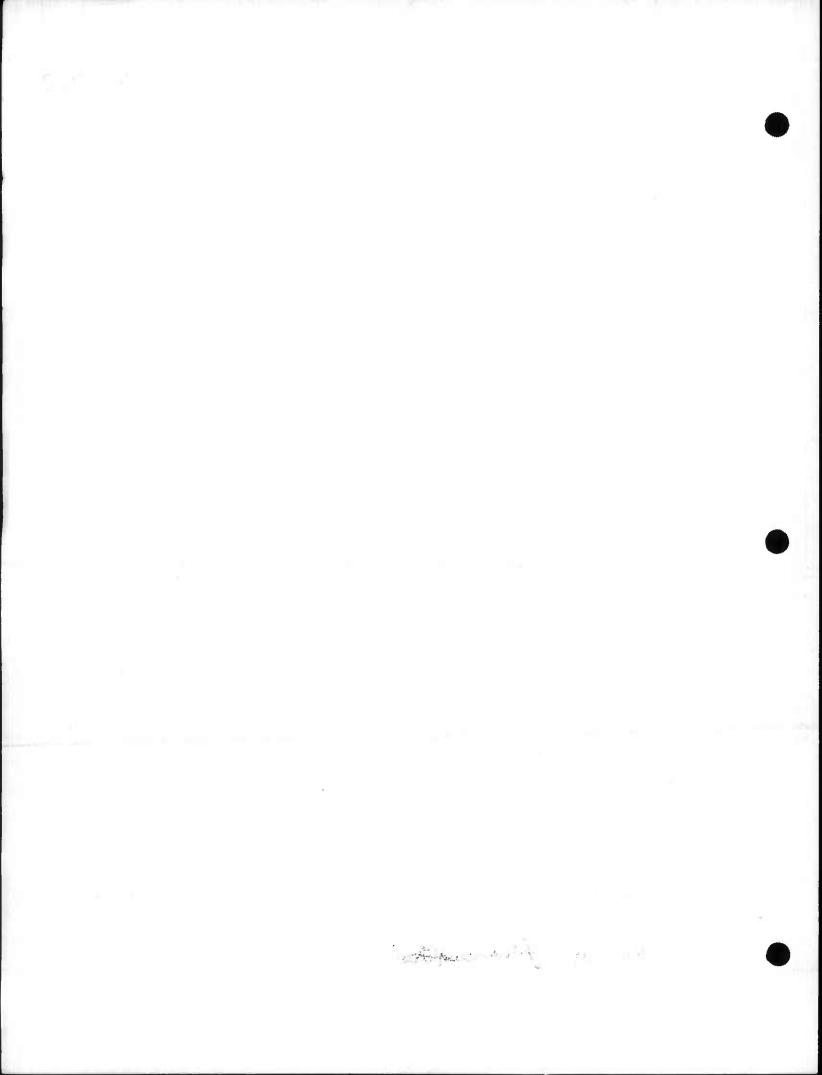
30. NAME AND ADDRESS OF PERSO

31. DATE FILED (Month, Day, Year)

JAN 1 1 1994

00390 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH DAY 3. TIME OF DEATH Leroy Powell YEAR 1994 8:18 January 6 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 246-14-4159 1 M 2 | F YRS. 86 1-8-1907 N.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION Baltimore City 10d. INSIDE CITY Md 1 YES 2 | NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 W. Franklin St Seton Hill Manor N/H 6120 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
It yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Black ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 5th Laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Unknown BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2500 W. Belvedere Avenue Baltimore, Md 21215 2 Robert Powell 20s. METHOO OF DISPOSITION
1 \( \bar{\text{\Omega}} \) Buriel 2 \( \bar{\text{\Omega}} \) Cremetion 3 \( \bar{\text{\Omega}} \) Removal from State
4 \( \bar{\text{\Omega}} \) Donation 5 \( \bar{\text{\Omega}} \) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE centery z Ton Cenetery 11094 Lansidown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue Baltimore, Md 21215 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. Intarval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 100 OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 in inpatient 2 | IRP/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO ВҰ 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide TSCERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 48 COKTON COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) W ROGERD 3502 USIS 32 REGISTRAR'S SIGNATURE

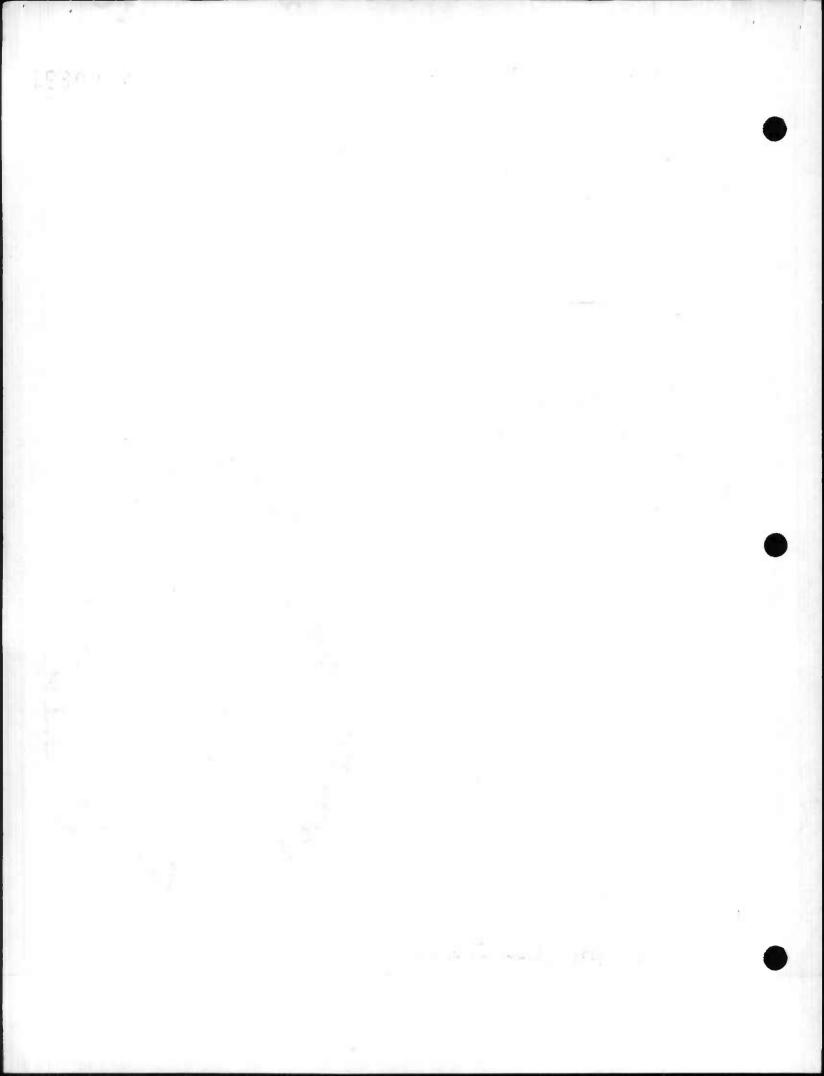


BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ITEM: 11. PER F.H. FILM G-707 1/11/94 t.t	0	L nn391
		IYGIENE IEG. NO.	4 00391
	1. DECEDENT'S NAME (First, Middle, Last) Milarea Phillips  2. DATE OF MONTH I	DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthdey)  1 3-70-0893  1 M 2 F  5. YRS.  6. AGE (In yrs. lest birthdey)  F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF E (Month, Day)  HOURS MIN.  4. SOCIAL SECURITY NUMBER 24 HRS.   7. DATE OF E (Month, Day)  F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF E (Month, Day)	BIRTH 6.	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  7/2 E-PresTon St  BAIto',	9c. COUNTY	OF DEATH
DIRECTOR	100. STATE 100. COUNTY Baltimore City Dulhmore City		10d. INSIDE CITY LIMITS? 1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 7/2 E. PHSTOD STreet 21202		OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 If Yes, GIVE WAR OR DATES  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO If Yes, specify Cuban, Mexican, Puerto Ricar 1 Yes 2 NO Specify:	pecify Yes or No- 14.	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify galy-highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIN	D OF BUSINESS/INDUS	PIQUE
BE COM	17. FATHER'S NAME (First, Middle, Leat)  TO E BOY C  18. MOTHER'S NAME (First, Middle, Leat)  LUCY LUC	le, Maiden Surname)	1
TOE	19a. INFORMANT'S NAME (Type/Prift)  19a. INFORMANT'S NAME (Type/Prift)  19a. MAILING ADDRESS (Street and Number or Rural Poure Number, of TIZ. F. Preston St	City or Town, State, Zip Co	00) 01265 m. M. J
	20e. METHOD OF DISPOSITION  1	20c. LOCATION City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  BETTS FUNERAL Blance 1/29 N. CAR	alin-	5+
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac shock, or heart fellure. List only one ceuse on each line.	or respiratory arrest	interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):		Onset and Death
NOIL	Sequentially list conditions, if any, leading to immediate		2-3 day
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		15403
. 1	d. Drabette Netsaudosis	. WAS AN AUTOPSY	Z-3 dougs.
BY PHYSICIAN: MEDICAL		PERFORMED?  YES 2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Wifipetion 2 ER/Outpetion 3 DOA 4 Nursing Home 5 Residence 8 Other (So		
у РНУ	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF Sec. INJURY AT WORK?  M 1 YES 2 NO	BE HOW INJURY OCCUR	ED
	3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATIO	N (Street and Number or I wn, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and		suse(a) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  Denhad		GNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- 1	

32-REGISTRAT'S SIGNATURE

JAN 11 1994

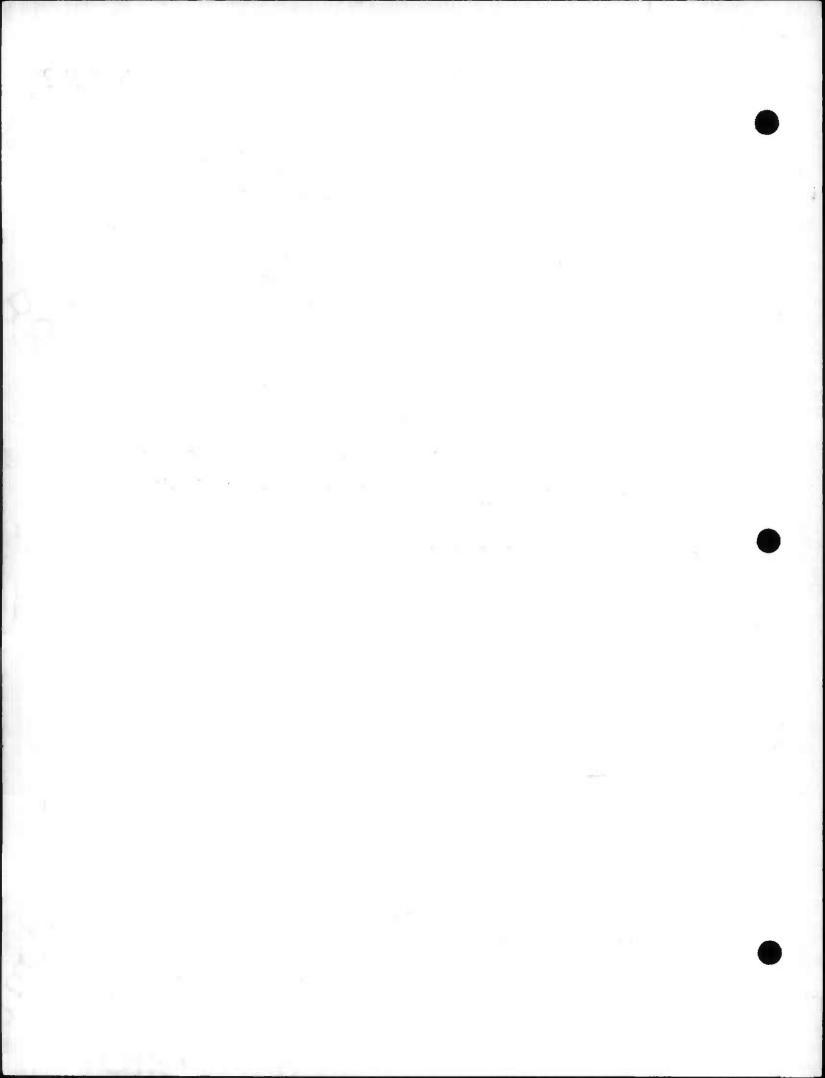


ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-708 2/2/94 t.t

FOR 1 • STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	HEGISTHAH				CERTIF	ICALE	OF	DEAL	н		REG. NO.			
		1. DECEDENT'S NAME (First, Mid WILLIAM	die, Last) BUBE	3Y P	RAYLC	W			-		2. DATE MONT		0.5	YEAR	TIME OF DEATH
_		4. SOCIAL SECURITY NUMBER 216- 74- 6743		5. SEX 1 XXM 2 ☐ F	6. AGE (In )	rs. last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH h, Day, Year L 08- 58	8	- 4	ACE (State or Foreign
3 should	~	9s. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						TH THE		
. 2	CTO	JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEMENT							IMOR	E	CIT	Y	n/a		
nit. Pages	DIRECTOR	106. STATE 10b. COUNTY 10/a				10c. Ci1	ry, town or BAL	TIM						10- X	d. INSIDE CITY V LIMITS? Y YES 2 NO
in. ransit permit.	VERAL	2625 E, MADISON	STRE	ET				101.	21205				UNITE		TATES
1215-0020 or attending physician. r use as the burial-transit	BY FUNE	11. MARITAL STATUS  XX Never Merried 2 Mari 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 XNO	If y	yes, spi	ENDENT OF	, Mexica	n, Puarlo	Y? (Specify Yes Rican, etc.)	or No— 1	Black, W	American Indian, fhite, etc. BLACK
ND 21215 hospital or attend ached for use as	COMPLETED	15. DECEDER (Specify only high Elementary/Secondary (0-12)				(Give kind of life. Do NOT u	work done du se retired.)			7	181	n/a	INESS/INDU	STRY	
ALA the be det	ш	17. FATHER'S NAME (First, Middle, WILLIAM KELLY			1						ME (First, RAYLO	Middle, Maiden :	Surname)		
	TO B	190, INFORMANT'S NAME (Typo/F ALBERTA LEGGETT	Έ			196. MAILING 2625	E. MA	Street a	ON ST	or Rural F	, BA	ber, City or Town LTIMORE	, Stete, Zip C , MARYL	AND	21205
nORC e 6 may rector, pa		20e. METHOD OF DISPOSITION 1	city)		20b. PL cemete	ACE AND DATE	CEMET	ERY			O1-		TIMORE		
		21. SIGNATURE OF FUNERAL SE	PA J	a Co	nd				MARCH			01 E. N	ORTH /	AVENUE	
ely filled in by nation, or remo		23. PART Enter the dieae- ehock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	fellure.	a. NARCOTIO	INTOX	ine.		ne mod	de of dyir	ng, suci	h aa cer	diac or reapi	ratory arrea	t,	Approximate Interval Between Onsat end Death
C. BOX 08 certificate be executing physician and organic prior to burn other traumatic	ERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST													
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repuires that the de righted by the a of Health and Ment	MEDICAL	PART II. Other algnificent c	ondition	e contributing to	deeth out	not reediting	in the ung	eriying	g ceuse g	Iven in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	CO DF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
FIN	PHYSICIAN:	25. WAS CASE REFERRED TO ME	DICAL					26. PL	ACE OF DE	ATH (Che	ack only o	ne)		_	
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DING PHYSI After this death with	ву Рн	27. MANNER OF DEATH  1 Netural 5 Fund 2 Accident Inves	ling stigation	28e. DATE OF (Month, D FOUND: 1	-5-94	UNKNO	WN M	1   Y	URY AT PRK? YES 2	NO	UNKN	SCRIBE HOW IN	JURY OCCU	RED	
TTENDI TTOR: A after de	ETED	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)  FOUND ON STREET							City	ATION (Street a or Town, Stete);	ASHLAND	AVE.8	RGLOVER ST.		
4 42 =	COMPL	anal .		CIAN: To the best of											nd menner ee stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE	29b. SIGNATURE AND TITLE OF	Uh	ethel	و				29c. LICE	C . M				1 / 06	onth, Day, Year) / 9 4
		30. NAME AND ADDRESS OF PER	10.16	DRIGIL	MO11	1 Penr		ee	t, B	alt	imo	re, M	aryla	and	21201
		31. DATE FILED (Month, Day, Year)  JAN 11		32 REGISTRA	IR'S SIGNATION	Kneve									



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al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunda, cremation, or removal.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hosp
DALLINORE, MARTLAND	CONTRACTOR OF THE CONTROL OF THE CON

. DECEDENT'S NAME (Firs	it, Middle, Last)			CERTIF					2. DAT	REG. NO			3. TIME OF DEATH
KATHE	RINE	E. OU	INN						MON		AY	YEAR 94	6:40A
. SOCIAL SECURITY NUM		5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7, DATI	OF BIRTH			HPLACE (State or Foreign
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ST. JOS	ЕРН Н	OSPITAL				T	owso	N			F	RATA	IMORE
RESIDENCE OF DE	1												
MARYLAND	10b, COUNT	LTIMORE		10c. CI	TY, TOWN O		-						10d. INSIDE CITY LIMITS?
Oo. STREET AND NUMBER		DITHORE	-			TOW	. ZIP COD				T too OIT	TEN OF	1 TYES 2 NO WHAT COUNTRY?
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Never Married 2	The state of the s	FORCES? 1	YES 2	□NO 3		If yes, sp		m, Mexica	in, Puerto	Rican, etc.)		Blac	ck, White, etc.
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	CEDENT'S EDU		164	(Give kind of ille. Do NOT u	work done	CCUPATIO	ON ast of working	ng	16	b. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (	(0-12)	College (1-4 or 5											
		4YRS		NURSE	0		_			NURS		10	
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90. INFORMANT'S NAME (	. A	TIMIN		100 14411 1411	G ADDRESS	0 /00				TE T.		LOR	
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00. METHOD OF DISPOSIT			20h DI 4	ACE AND DATE		_		, 51	• D		CATION -	_	
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	(-p)												
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1. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE	10	_	22. I	NAME AN	RY W	. J	ENK	INS &	SON	IS C	0.
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cal examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
noval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
y the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
after death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hosp
DAL IMORE, MARITANA	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 STATE	STATE OF MARYLA				MENTAL HYGIEN	E (	34	00394
REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.			
DECEDENT'S NAME (First, Middle, Last	Virgie	Mary Ra	ygor		2. DATE OF DEATH DATE OF 1 / 8 / 1 9 9		YEAR 3	. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
220-24-2324  98. FACILITY NAME (# not institution, give	1 □ M 2 🕅 🕱 86	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3/31/19		Country)	irginia
		l		OR LOCATION OF DE	EATH	9c. COUN	TY OF DEA	тн
3647 Keyston	e Avenue		Bal	timore			City	7
10e. STATE 10b. COUN	City	10c. CITY	TOWN OR LOCAL Balti					Od. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				I. ZIP CODE		40- 04747		AT COUNTRY?
	ystone Aven	ue	10	21211		10g. C1112	U.S.	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			IIC ORIGIN? (Specify Yes	or No-		- American Indian,
1 Never Married 2 Married	FORCES? 1 YES	TESXX		ecify Cuben, Maxica Specify NO Specify	n, Puarto Rican, atc.)		Specify:	White atc.
15. OECEDENT'S ED	DUCATION	18a. DECEDENT'S			16b. KIND OF BUS	INESS/INDI	JSTRY	
(Specify only highest grade Elementery/Secondary (0-12)	de completed)  College (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during mo retired.)	ist of working				
3rd	College (1-4 or 5+)	Homom						
17. FATHER'S NAME (First, Middle, Last)		Homem	laker	40 4407117712 440				
	-11				ME (First, Middle, Maiden			
Daniel YW  19a. INFORMANT'S NAME (Type/Print)	811				Nancey Ar			-
					Route Number, City or Town			
Gertrude She					venue B			
(1) Buriel 2 Cremetion 3 Re	moval from State ceme	PLACE AND DATE O	her place)			CATION — C		
4 Donation 5 Other (Specify)		edar Hi	ll Cem	etery	1/11 G1	en P	urni	e. MD
21. SIGNATURE OF FUNERAL SERVICE L	JCEMSEE /	1)						
V/Vila	V/ a non	1,-1	Burg	ee-Hens	s_Funera	1 HC	me	
23. PART I. Enter the diseases, or	complications that caused	the death Do n	3631	Falls	Rd. Balt	0, M	D_ 2	21211
ahock, or haert failure	. List only one cause on ee	ch line.	or anter the mo	de of dying, suc	n es cerdiac or reepi	retory arre	st,	Approximate interval Between
IMMEDIATE CAUSE (Finei	C 0.							Onset and Daat
disease or condition resulting in dasth)	a. Cour dia (	c An	484					
AND THE RESIDENCE OF THE PARTY	a Ather	sclaro	the C	whorn	sca (w	DIS	en	
Sequantially list conditions, if eny, lesding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):					
CAUSE (Disease or injury	C.							
that initieted events	DUE TO (OR AS A	CONSEQUENCE OF	):					
recuiting in deeth) LAST	d							
PART ii. Other aignificent condition			the underlyln	g cause given in	Part I. 24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
Carcilona	BL Brus	-	()-a	ことられい	1 _ YES 2		0	OMPLETION OF CAUSE F DEATH?
Decubitus	ulcer				_   _			YES 2 NO
Rhenmytoi	d Artustic				_			
25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Ch	ack only one)			
EXAMINER?	HOSPITAL: 1   inpatient 2   ER/Outpa		OTHER:	a 5 Raaldence				
27. MANNED OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRICE 2 NO	28d. DEŞCRIBE HOW II	JURY OCC	URED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a PLACE OF INJURY	At home, farm, st	treet, factory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number (	or Rural Rou	te Number,
	SICIAN: To the best of my knowle	edge, death occurre	d at the time, date	and place, and due	to the cause(a) and man	ner ea state	d.	
one) 2 MEDICAL EXAMIN	NER: On the basis of exemination	and/or investigation	ı, in my opinion, d			d due to the	cause(s) s	nd manner sa stated.
296. SIGNATURE AND TITLE OF PARTIFI	ER / / m		MA	29c. LICENSE NUN	ABER	29d. DATE	SIGNED (N	fonth, Day, Year)

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Ш,

Walter Hepner,

IAN 1 1 1994

31. DATE FILED (Month, Day, Year)

M.D.

32 REGISTRAR'S SIGNATURE

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-005	ing phy	the bur	
BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	ISB as	
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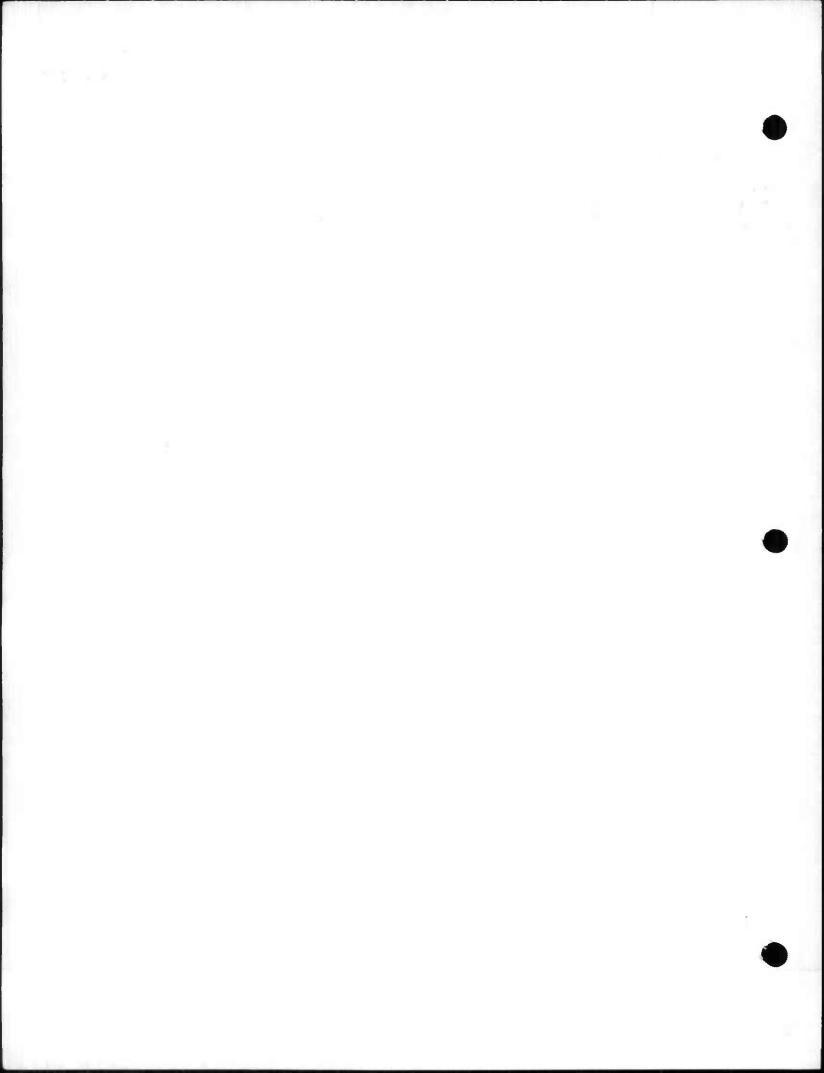
urs after death. Page 6 may be retained by funeral director, page 5 should notified 3 must examiner the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal, medical the DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, or other signed by the shows any t. of I has be Dept. 23 si certificate the the State 6 L DIRECTOR: After this cer hours after death with th Item 28 Is marked, c TO THE FUNERAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If It

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

96 00395 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) AKA ADELAIDE JULIAN RUSSELL Russell 2. DATE OF DEATH 3. TIME OF OEATH 10, a Adelaide J. 1994 4:44 January 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIFITHPLACE (State or Foreign Country) North IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 TF YRS 83 1910 Carolina 10, August Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore **BROADMEAD** Cockeysville DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Cockeysville Baltimore 1 YES 2 XNO FUNERAL 10s. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13801 York Road 21030 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify: BY Specify: White 3 N Widowed 4 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Homemaker 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Adelaide John Moose Julian Bedford BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 John J. Russell 15601 Chilcoat Rd., Sparks, MD 21152 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from 20c. LOCATION - Stry or Town, Stata 20b. PLACE ANO OATE OF DISPOSITION (Name of DATE come Metro Crematory Checolace tory, Inc. Catonsville, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY acuson Martin D. Lawson Lemmon-Mitchell-Wiedefeld, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. intervai Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only one)

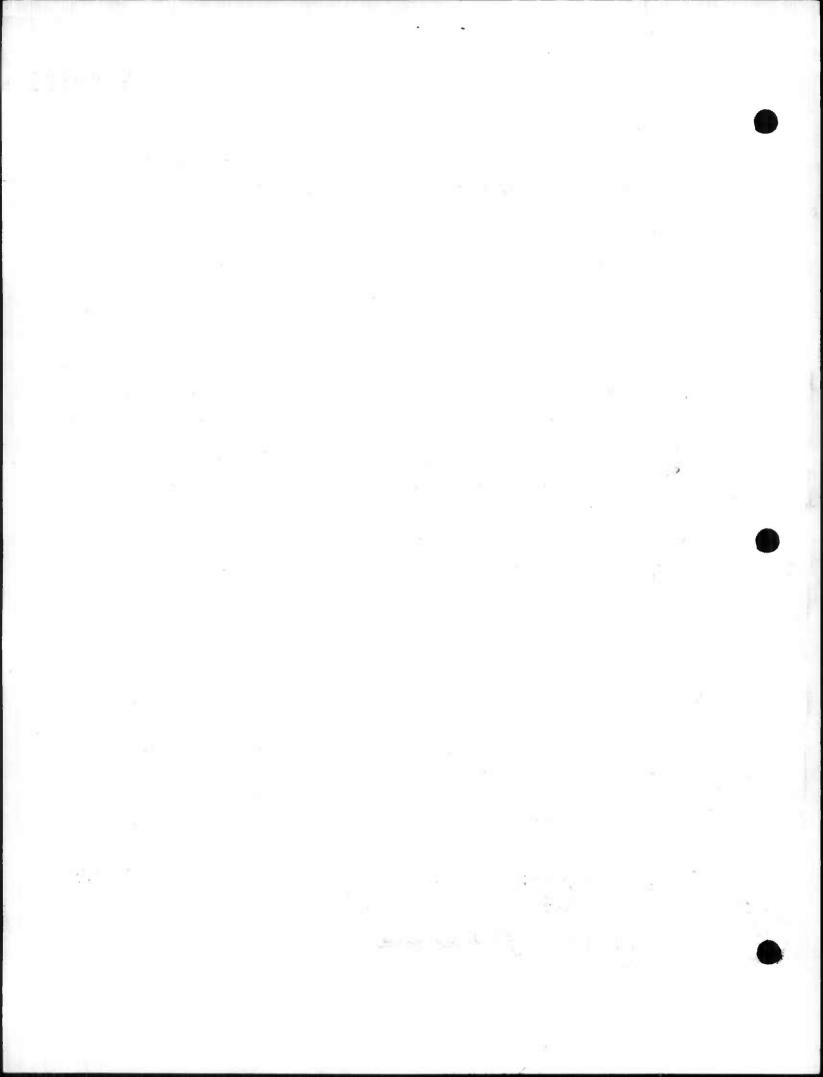
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE hlte 3450 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3313 Paper MIII Road, Phoenix, MD 21131



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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AI		L HYGIENE REG. NO.	94	0039	6
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH	YEA	3. TIME OF DEATH	
	AGNES	SCHENKEL					1994	1:46	a
	4. SOCIAL SECURITY NUMBER	The state of the s		F UNDER 1 YEAR   IF UNDER 24 I	RS. 7. DATE	OF BIRTH		RTHPLACE (State or Fore	_
sponid	213-10-7537  9a. FACILITY NAME (If not institution, give s		85 YRS.	b. CITY, TOWN OR LOCATION	MAY	8, 10		ryland	_
. 2, 3 sh	MARYLAND GENE	NERAL HOSPITAL BALTIMORE CITY						MORE CITY	
DIRECTOR	10a. STATE 10b. COUNT							10d. INSIDE CITY LIMITS?	_
IAL IAL	Maryland   The	Baltimon Wesley Home			ore	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	2211 W. Rogers	AVENUE  12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF H	2120		US r No — 14. B	ACE American Indian	
<u>a</u>	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO NTES	If yes, specify Cuban, Maxican, Puarto Rican, atc.)  1 ☐ YES 2 ☑ NO Specify:			Black, White, atc. Specify: White		
once.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of wor life, Do NOT use i	k done during most of working	168	b. KIND OF BUSI	NESS/INDUSTR	γ	
once.	17. FATHER'S NAME (First, Middle, Last)		Home	emaker	IS NAME (Sim)	Marine Marine O			
111 85	Willard	Schenkel Sarah Catherine Sr					oates		
19 19	198. INFORMANT'S NAME (Type/Print)  The Wesley Hom	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)						)	
2	20s. METHOD OF DISPOSITION 150 Deuriel 2 Cremetion 3 Rem	20b.		DISPOSITION (Name of	AVE.		TION - City o		
	Mt. Olivet Cemetery 1/12 Baltimore, MD								
wat.	Burgee-Henss Funeral Home 3631 Falls Rd Baltimore, MD 21211								
event, the medical	23. PART I. Enter the diseases, prospective in the diseases, prospective in the disease or condition resulting in death)	CARCINOMA	A OF THE (	COLON				Approximat Interval Bet Onsat and I	Wee
5 % Z	CARCINOMATOSIS CARCINOMA METASTASIS TO THE LIVER  Sequentially list conditions,								
Hygiene prior to or other traun RTIFICATI	if any, leading to Immadiate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
any injur	PART II. Other significant condition ARTERIAL	S CONTRIBUTING TO death be OCCLUSION	ut not resulting in	the underlying cause give	n in Part I.	24s. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	USE
0 4								1 TES 2 NO	
State State SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 Y NO	HOSPITAL:		26. PLACE OF DEAT					
rked, o	27. MANNER OF DEATH  1 EPHatural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	F 28c. INJURY AT	26d. DE	SCRIBE HOW INJ	URY OCCURE		
8 IS	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	26s. PLACE OF INJURY building, atc. (Spec	— Al home, farm, stre		28f. LOC	CATION (Street and or Town, State)	1 Number or Ru	ral Route Number,	
2 = 5		CIAN: To the best of my knowl							
WPORTANT: If BE COM	296. SIGNATURE AND TITLE OF CERTIFIES		n He	29c. LICENS			29d. DATE SIGI	NED (Month, Day, Yeer)	ed.
1 = E	30. NAME AND ADDRESS OF PERSON WH KHOSROW TABASS			im) ND GENRRAL H	OSPITA	L	1 (	, 4, ,	
	31. DATE FILED (Month, Day, Yeer)	32 PAGISTRAP'S SIGNA	ATILIDE						_
,	JAN 1 1 1994	Julie theirs	on Bordelle						



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STATE (	OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	IE
		CF	PRTIFICATE	0	F DEAT	TH		DEC NO	

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		FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL	HYGIEN REG. NO		94	0	039			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATH	W V	EAR 3.	TIME OF OE	ATH			
		Ruby V. Satterf		Ten.			Jan.	10,	1994		):50	a. M			
29		4. SOCIAL SECURITY NUMBER 317-05-9869	1 □ M 2 😾 F 84	(In yrs. last birthda YRS	MONTHS D	AYS HOURS MIN.	Nov.	OF BIRTH 1, Day, Year) 30,	1909	Country) India		Foreign			
1, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give  Meridian Long G  RESIDENCE OF DECEDENT		- 9	-	imore	EATH		9c. COUNTY	OF DEAT	1				
nit. Pages 1	DIRECTOR	Maryland ——	Y	100	altimor						I. INSIDE CI LIMITS? YES 2 [				
020 physician. burial-transit permit. Pages	FUNERAL	3515 Dudley Ave	nue	- AT	oj i	10f. ZIP CODE 21213			U.S.		COUNTRY	7			
	BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 XWidowed 4 Divorced	12. WAS DECEOENT EVER IF FORCES? 1 TYES GIVE WAR OR D	2 X NO	If y	S DECENDENT OF HISPA es, specify Cuben, Mexics YES 2 X NO Specif	en, Puerto F	? (Specify Yes	or No 14	. RACE — Black, W Specify:	American In hita, atc. White				
	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION completed) Coflege (1-4 or 5+)	(Give kind	of work done dun use retired.)	JPATION ing most of working	16b.	KIND OF BU	SINESS/INDUS	TRY					
AND 21 the hospital or detached for u	MP	N/A	N/A	Homema	ker		0	wn Hor	ne						
RYLAND ed by the hospit uld be detached ed at once.	00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Sumame)						
MA retain 5 sho notiff	BE	George Koenig  19a. INFORMANT'S NAME (Type/Print)		400 0000		Rachel									
	2	Diane E. Schwoe:	rer (Dohtr)	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or 7811 Poplar Grove Road, Sever											
		20a. METHOD OF DISPOSITION	201	PLACE AND DAT			DATE		CATION - CIT			44			
ORE, e 6 may be ector, page must be		1 X Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State cen	ardens	of Fait	h Cemetery	1/1	2 Bal	timore			hd			
ALTIMORE death. Page 6 may funeral director, page examiner must b		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY													
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		Robert Andrew Grant Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213													
K 68760, But and cours after and completely filled in by the to burial, cremation, or removal matic event, the medical	NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Metast	A CONSEQUENCE	) var	e mode of dying, suc	ch es card	C	Iratory arres			mate Between nd Death			
P.O. BO) h certificate be sading physicial Hygiene prior or other trau	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):											
RECORDS requires that the can signed by the of Health and Me shows any Injury	MEDICAL C	AL	MEDICAL	MEDICAL	PART II. Other significent condition	ns contributing to death b	out not resultin	g In the unde	rfying cause given in	Part I.	24a. WAS AN PERFOR	MED?	AM CO OF	RE AUTOPSY ILABLE PRIC MPLETION O DEATH?	PR TO F CAUSE
L law law bept. 23	AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C)	book only on	-1		L					
VITA	SICI	EXAMINER?	HOSPITAL:	netlect 3 DOM	отнея:	Home 5 Residence									
F V Sicial	PHY	27. MANNER OF OEATH	28e. OATE OF INJURY	28b. 1	TIME OF 28	Ic. INJURY AT			NJURY OCCUI	RED					
ON OP DING PHYS After this of death with s marked,	B	Natural 5 Pending Investigation 3 Suitcide 8 Could be be	(Month, Day, Year) 28e. PLACE OF INJURY			WORK? 1 YES 2 NO	26f. LOC/	ATION (Street	and Number or	Rumi Routi	Number				
TTEN TTEN TOR: after	ETED	3 Suicide 6 Could not be determined	building, atc. (Spe	clfy)			City	or Town, State)							
	COMPLE	(5.1.55.1.5)	SIDIAN: To the beat of my know ER: On the beats of examination							ause(a) an	d menner a	stated.			
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d. DATE S	FINED ON	om, Day the	nr)			
0	5	Dr. Fred Sirkis				Baltimore	Md.	2122	2/	1	/				
•		31. DATE FILED (Month, 90%, Year)	give days	Son- Binde	M.										

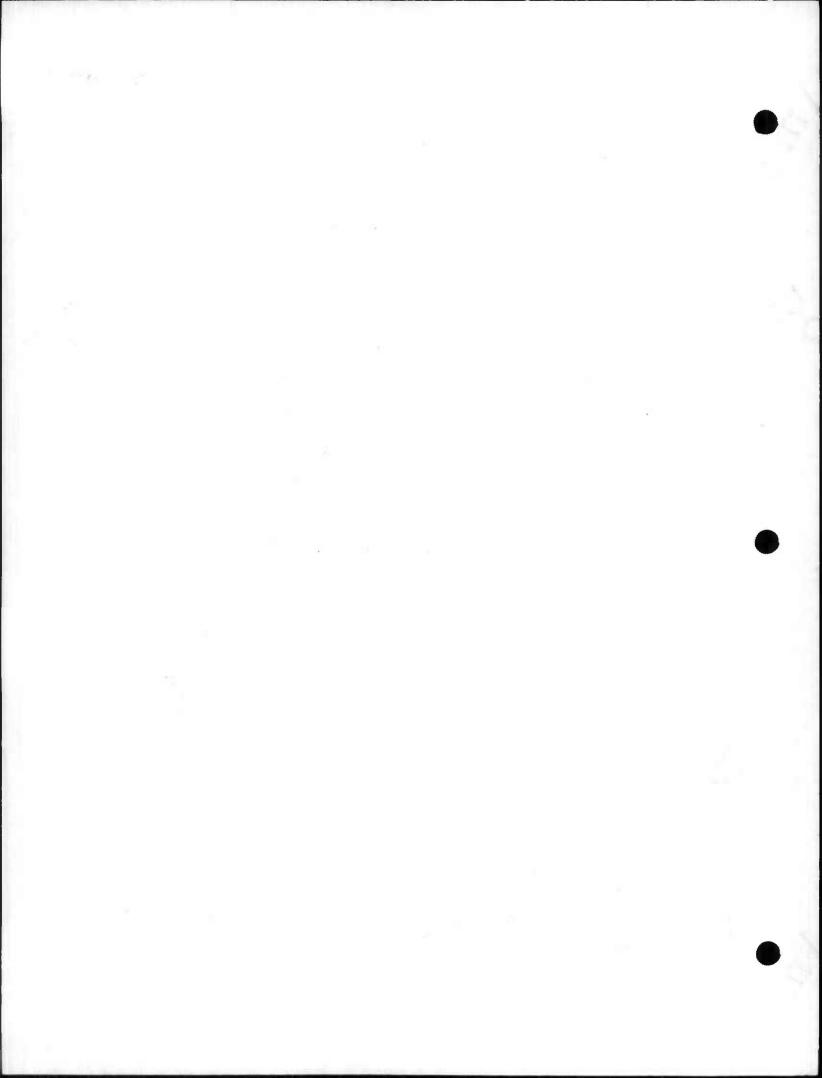
TO THE HOSPITAL OR ATTENDING PHYSICUS THE DURS THE death certificate be executed within TO THE FUNERAL DIRECTOR: After this or near the money by the attending physician and completely fine filed within 72 hours after death with in 13 to the property and Mental Hygiene prior to burial, cremation
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		FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HI	EALTH AND I	MENTAL HYGIEN	-	4 00398
		1. DECEDENT'S NAME (First, Middle, Last)  WARREN SOM.		ren Thoma	s Some	rville	2. DATE OF DEATH MONTH DI		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.8	2:15 P. M IRTHPLACE (State or Foreign oyntry)
should		215-18-5650  9a. FACILITY NAME (If not institution, give st	1 Ø M 2 □ F 72	YRS.		R LOCATION OF DE	Sept. 01	1921 F	Maryland
2, 3 sho	стов	GREATER BALTIMORE			a. Giri, rown or	TOWSON			TIMORE
Pages 1.	분	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI				10d. INSIDE CITY LIMITS?
permit. P	AL DI	Maryland Ba	ltimore		Sparks	ZIP CODE		10a. CITIZEN	1 YES 2 NO
1St	E .	13927 York R				21152		USA	
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Amarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO	If yes, spe		HC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White
	TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos		16b, KIND OF BU	SINESS/INDUST	RY
(A = 6	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Commer		tist	Artis	st	
de the		17. FATHER'S NAME (First, Middle, Last) Charles William	Somerville		-14-47		ME (First, Middle, Malden nce Wae G		12
	TO BE	19a. INFORMANT'S NAME (Type/Print)	7 - 1			nd Number or Rural I	Route Number, City or Tow	n, State, Zip Cod	
age .	9	Mrs. Anne Tyler		13927			parks, ME	21152 CATION — City	Town Chair
e 6 m ector,		1 Buriel 2 Cremation 3 Remarks Donation 5 Other (Specify)	oval from State CO	metery cremetory or other	matory		10, 1994		
SALT r death. P ie funeral	CAGUILLE	21. SIGNATURE OF UNERAL SERVICE CO.  Martin D. L	awson		Lemr		chell-Wiede onia Rd.,		
leive filled in by mation, or rem	1	23. PART I. Enter the diseasea, or carbook, or heart failure.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)			fau	ile of dying, suc	h as cerdiac or resp	iratory errest,	Approximate Interval Between Onset and Death
68760 ecuted with nd compler burial, crer			DUE TO (OR XS	A CONSEQUENCE OF):	(	2010	n (91		DUR
OX 687  be executed ician and con rior to burfal,	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):		200			127
	TIFIC	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
The st	9   111	resulting in death) LAST	4						
The state of the s	MEDICAL CI	PART II. Other significant condition	contributing to deeth	but not resulting in	the underlying	cause given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
15	AN	25. WAS CASE REFERRED TO MEDICAL		- 301	28. PL	ACE OF DEATH (Ch	eck only one)		
	PHYSICI	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:		8 Other (Specify)		
PHYS E		27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (	Y WOF		28d. DESCRIBE HOW	INJURY OCCURE	D
TTENDII affer de	E C	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streedly)	et, factory, office		28t, LOCATION (Street City or Town, State)	and Number or R	ural Route Number,
Z Z Z	COMPLET	(Orlocated)	CIAN: To the best of my known R: On the basis of examination						use(s) and manner as stated.
물품물	E H	296 SIGNATURE AND TITUE OF CERTIFIES	Otul	M	7	29c. LICENSE NUI	MBER 259 U	29d, DATE SIG	MED (Month, Pay, Year)
7	10	30. NAME AND ADDRESS OF PERSON WH Ruth Kantor, N				Towson	, MD 2120	4	
1		31. DATE FILED (Month, Day, Year)  JAN 11 1994	32 AEGISTRAR'S SIG	NATURE		1277			

1 - FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VERNON STOKES Μ. 01 02 94 10:10 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Formige (Month, Day-Year) 180- 14- 8266 76 SMARYLAND t XX M 2 □ F 17 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4800 YELLOWOOD ROAD APT. #207 BALTIMORE CITY DIRECTOR n/a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY BALTIMORE 10d. INSIDE CITY MARYLAND n/a 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? YELLOW WOOD ROAD APT. 207 4800 21209 UNITED STATES retained by the hospital or attending physician. 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)
t YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Given kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only I ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) ALBERT ESTEEN MEDICAL CENTER PAINTER n/a Once. 17. FATHER'S NAME (First, Middle, Last)
DANIEL A. STOKES 18. MOTHER'S NAME (First, Middle, Meiden Surname) BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) ADDRESS (Street and Number or Rural Route Number City of Town State Zie Code)
YELLOW WOOD ROAD, BALTIMORE, WARYLAND 2 21209 IVY GOOD 4800 nours after death. Page 6 may be must be 20s. METHOD OF DISPOSITION
t X Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE BALTIMORE, MARYLAND funeral director, VOSHELLY MEMORIAL GARDEN 01 + 084 Donation 5 Other (Specify) event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W M. C. MARCH FH .- 1101 E. NORTH AVENUE Jersa physician and completely filled in by the ne prior to bunal, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the daeth. Do not antar tha mode of dying, such as cardiec or respiratory arrest, ahock, or heert failure. List pnly pne ceuse pn each line Interval Between IMMEDIATE CAUSE (Finel Onaet and Death andis vocalo Diolal) diseese or condition resulting in death) levissellistic P.O. BOX 68760 The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST 0 DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO t. of h AN: has b. Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER TYPES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 1 Inpetient 2 I ER/Outpetient 3 I DOA 4 Nursing Home 5 Nesidence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJUR Netural 1 YES 2 NO 2 Accident investigation After B 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) -3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined DIRECTOR: hours after of them 28 is COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 IN IMPORTANT; II II 2 🔯 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. AND THE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE O.C.M.E ▶ 01/03/1994 MO! 2 AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print) HEDOURE 111 Penn Street, Baltimore, Maryland 21201 33 EGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending ofvisician
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R	TI BAY
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ALT	death.
0	fter

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JAN 1 1 1994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MA				HEALTH OF DEAT		MENTAL HYGI REG.		94 00400
	1. DECEDENT'S NAME (First, Middle, Last)	<i>H</i> .	Swis	he				2. DATE OF OEATH		YEAR 2:05 A M
	4. SOCIAL SECURITY NUMBER 212-14, 0580	5. SEX 6.	AGE (In yrs. last I		IF UNDER 1 YEA		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year	,	8. BIRTHPLACE (State or Foreign Country)
_	9a. FACILITY NAME (If not institution, give st					N OR LOCATIO		EATH	9c. COUNT	TY OF DEATH
DIRECTOR	Church Home He	pspital			Bal	timon	e		Bo	altimore
REC	10e. STATE 10b. COUNTY	,		-	TOWN OR LO					10d, INSIDE CITY
	Md			Be	altim					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?
S	43/ N. Mont fo	12. WAS DECEDENT E	VER IN U.S. ARM	ED	13. WAS (	2/2 DECENDENT O		NIC ORIGIN? (Specify	Yes or No 1	A BACE — American Indian
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	OR DATES	)	If yea,		n, Maxica	an, Puerto Rican, etc.		4. RACE — American Indian, Black, White, etc. Specify: White
ED 8	15, DECEDENT'S EQU	CATION	16a. DECE	EDENT'S U	ISUAL OCCUP	ATION		16h KIND OF	BUSINESS/INDU	
LETI	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give	kind of wo	ork done during retired.)	most of workin	g			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		21	ectn	icia				struct	ion
	James S. Swish							AME (First, Middle, Mai	den Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)	<u>e.n.</u>	19b.	MAILING /	ADDRESS (Stre			Smith Route Number, City or	Town, State, Zip C	Code)
5	Mrs. Juanita M	Swinho	4	431	N. Me	ntlo	rd i	Ave Bal	to. Md	2/22/4
	MRA. Guanita M. Swishan 43/ N. Montford Ave Balto. Md 2/224  20e. METHOD OF DISPOSITION  150 Burlal 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of competery, cremetory or other piece)  20c. LOCATION - City or Town, State  20c. LOCATION - C									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	tley				,
	23. PART L Enter the diseases, or canock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause	ausad the deat on each line.	emi	solus	TACI	ng, suc	Rd Rd . /	spiratory street	st, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Malnutvi from OUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 3 100  24b. WERE AUTOPSY FINDINGS AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 100									
IAN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DE	EATH (Ch	neck only one)		
EXAMINER?  1 YES 2 Defined a Company of the Company										
ву Рну	27. MANNER OF DEATH  1	28a. DATE OF INJ (Month, Day, 1		28b. TIME INJU	OF 28c,	28c, INJURY AT WORK?  M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED		
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, term, street, tactory, office City or Town, State)							Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my	knowledge, death	occurred	at the time, d	ate and place,	and due	to the cause(a) and time, data and place	manner ea steted	i. cause(s) and menner as stated,
ш	296. SIGNATURE AND TIME OF CERTIFIER					29c. LICE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SIGNEO (Mønth, Day, Year)
TO B	Mount	14				DA	85	87	> 2/	17/94
_	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	OF DEATH (ITEM :	27) (Type, F	Prine:			10	92 M	12 21731

physician.
attending
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BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00401 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 1994 Denton Seebo 01 08 0927 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthdey) 30 YRS. BIRTHPLACE (State or Foreign Country) 5. SEX 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR 1 M 2 F DAVE HOURS 218-90-4889 9-17-1963 Manyland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED 2/234 2911 Alvarado U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuben, Maxicen, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 22 2X NO 1 Never Married 2 Married BY 1 TYES 20 XNO Specify Specify: 3 Widowed 4 N Divorced white COMPLETED 18a. DECEOENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INQUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Custom Can Cleanen Shanahan's Car Wash 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Seebo Denton L. Manlene E. Schmidt BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2908 Oakrest Ave. Denton Balto. .Md 21234 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Moneland Nem Cem Balto., Md 4 Donation 8 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Hartley Miller Funeral Home
7527 Hartord Rd. Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 21234 23. PART . Enter the siseases, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. Lief only one cause on each fine. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Pulmonary Thrombo-embolism reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? History of diabetes mellitus 1 YES 2 NO Cardiac YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA OTHER: 1 X YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Chack and ) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER 29d. OATE SIGNED (Month. Day. Year)

O.C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

0.1 Ω8 1994

111 Penn Street, Baltimore, Maryland

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29b. SIGNATUME AND TITLE OF CERTIFIER

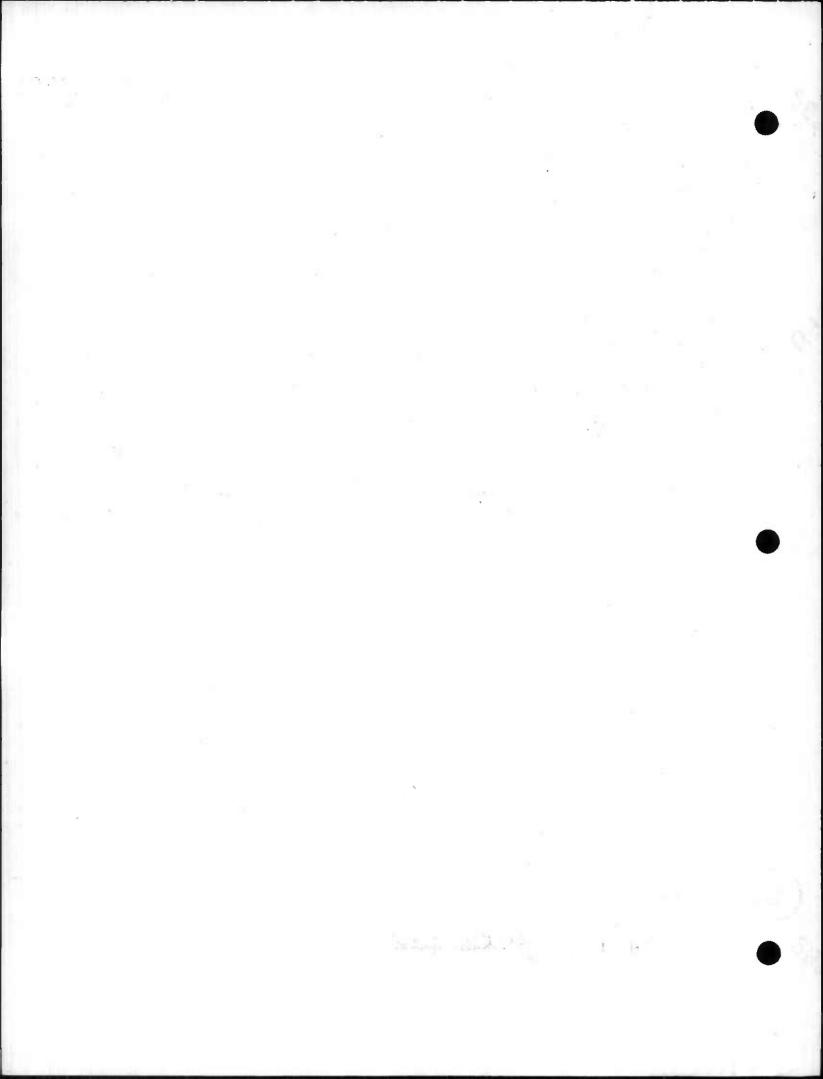
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31. DATE FILED (Month, Day, Year)

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RECORDS, P.O. BOX 68760,	

	1. DECEDENT'S NAME (First, Middle, Lest)  BESSIE 4. SOCIAL SECURITY NUMBER	RESSIE 2	E. SI MIN	PRING	IF UNDER		IF UNDER	24 HRS. 7, 1	OATE OF BIRTH	4 '	YEAR 9 4 B. BIRTHPLA	TIME OF DEATH  3 1 40 A  CE (State or Foreign
	212-32-4589	1 M 2 XF	96	YRS.	MONTHS	DAYS	HOURS		Month, Day, Year) 1/20/189	7	AQUAS	CO, MD
_	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DEATH			Y OF DEATH	
СТОВ	LIBERTY MEDICAL	CENTER			BAI	LTIM	ORE					
W I	10a. STATE 10b. COUN	ry		10c. CIT	Y, TOWN	OR LOCAT	TON				100	I. INSIDE CITY
BIG	MARYLAND			BA	LTIMO	ORE					10	LIMITS?
₹	10e. STREET AND NUMBER					101	. ZIP CODE	E		10g. CITIZI	EN OF WHAT	COUNTRY?
FUNERAL	3800 BELVEDERE A	VE.					1215			USA		
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 3			If yes, spi	ecify Cuba		RIGIN? (Specify Yes serto Ricari, etc.)		Specify:	American Indian, hita, atc. AMERICAN
ED	15. DECEDENT'S ED		16a. D	ECEDENT'S Give kind of	USUAL O	CCUPATIO	ON st of workin	na	16b. KIND OF BU	SINESS/INDU	STRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	in	e. Do NOT u	ee retired.)							
COMPL	17. FATHER'S NAME (First, Middle, Last)						40. 14077		First, Middle, Maiden	0	_	
EC	LEWIS GROSS					100	100	ORGEAN				
@	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRESS	S (Street a			Number, City or Tow		Code)	
2	ELISE DENT		1	9204	AQUA	ASCO	RD.	BRAND	YWINE, M	ARYLA	ND 20	613
	20a. METHOD OF DISPOSITION 1 → Burial 2 □ Cremation 3 □ Ran	noval from State		ANDDATE	OF DISPOS	SITION (Na				CATION — CI		
	4 <sup>th</sup> Donation 8 D Other (Specify)		CHRI	ST U	.M.CI	HURC			/94 BADE	N, MA	RYLAN	D
	21. SIGNATURE OF FUNERAL SERVICE L	M	200	1	I	ESTE	P BRO		FUNERAL CE, BALT			21217
	23. PART I. Enter the decless, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	s. Puev	on each lin	a		the mo	de of dyi	ing, such ss	cerdiac or reap	Iratory srre	st,	Approximate Interval Betw Onset and Do
_	WITH LINE	S'ens	R AS A CONSI	EOUENCE O	NF):							2 wk
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	47	R AS A CONSE	EOUENÇE O								4 wh
ERTIFIC	CAUSE (Disesse or Injury that Initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	OUENCE O	F):							
ICAL CEI	PART II. Other aignificant condition	na contributing to de	eath but not	reaulting	in the ur	nderlying	cause ç	given in Part	i. 24a. WAS AN			RE AUTOPSY FINDI
MED									1 TYES 2		OF	MPLETION OF CAUS DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Check o	nly one)			
Sic	EXAMINER?	HOSPITAL:	R/Outpatient	3 DOA	OTHE1		e 5 🗆 Ra	sidence 8 🗆	Other (Specify)			
ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		28b. TIN		28c. INJ WO		280	I. DESCRIBE HOW	NJURY OCCL	PRED	
TED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF I building, at	INJURY — At h c. (Specify)	ome, farm,	street, fact	tory, office	•	28f	LOCATION (Street City or Town, State,	and Number o	r Rural Route	Number,
COMPLE	one)	SICIAN: To the best of m										d manner as state
~ 1		ER )					29c. LICE	ENSE NUMBER		29d. DATE	SIGNED (Mo	nth, Day, Ybar)
TO BE CO	30. NAME AND ADDRESS OF PERSON W	Ch					0-	4400	2	<b>&gt;</b> (	01/0	4/54

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	AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death,	
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or attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should	
DR ATTENDING PHYSICIAN: The law requires that the de-	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages their of Health and Mental Miniere enfor to burial cremation or removal	the formal section of the section of
HOSPITAL	FUNE	TANT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

74 00700	94	0040	3	
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	1. DECEDENT'S HAME (First, Frank		seph		Swift					2. DATE OF DEATH DO 1-4-199	X .	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.		IF UNDER 1	VEAD	IF UNDER	24 4506	7. DATE OF BIRTH	· .		6:13 P M
	216-01-51	55	1XXM 2 ☐ F	85	YRS.		DAYS	HOURS	MIN.	(Month, Day, Year) 9-12-190		Country)	yland
	9a. FACILITY HAME (If not in					9b. CITY, T					9c. COUNT	Y OF DEAT	TH
DIRECTOR	North Aru		lospital	Assoc	iation	Gle	n B	urni	ie		Anne	Aru	ndel
EC	RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATI	ION Ra	ltin	novo (Bro	oklyn	10	d. INSIDE CITY
	Maryland		ne Arunde	1		3F	irt				Park)	1	LIMITS?
FUNERAL	100. STREET AND NUMBER Baltimo		hirteent				101.	2122	E		1.72		T COUNTRY?
NE NE	11. MARITAL STATUS	re,	(Brook]	<u> </u>		12 W				IIC ORIGIN? (Specify Yes	US		American Indian,
	1 Never Married 2XX			YES 2		17 1	es, spe	city Cuba	n, Mexica	n, Puerto Rican, etc.)	1 OF 140 1	Black, W Specify:	fhite, etc.
D BY	3 Widowed 4 Divo					1						W	hite
ETED	15. DEC (Specify onl) Elementary/Secondary (0	EDEHT'S EDU y highest grade	completed)		Give kind of life. Do NOT u	work done du	ing mos	it of working		16b. KIND OF BU		stav ontgo	merv
P	10th Grad		College (1-4 or 5	" R	etired	Supe	rvi	sor	of F	Receiving	110	War	ds Co.
COMPLET	17. FATHER'S NAME (First, M.	liddle, Last)	Contain							ME (First, Middle, Maiden		. •	
H	John 19a. INFORMANT'S HAME (7)	Ima/Drint)	Swierc	zewsk1	401 400 1110				le la	Michals			zewski
5	Mrs. Ida	S. Sw	ift							Baltimore			21225
	20a. METHOD OF DISPOSITI 1XX Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem	ovel from State		cremetory or o				1/7/	DATE 20c. LO	cation — cm 1 t imor		aryland
	21. SIGNATURE OF FUNERAL	L SERVICE LI	Kev	in E.	Ecker	Mo	Cul	ly F	uner	ral Home	of Bro	okly	n
	23. PART I. Enter the di	iseases pr	complications the	t caused the	death Do	23	7 E	P a	taps	sco Ave.,	Balto.	, Md	
	shock, or he IMMEDIATE CAUSE (Fin	eart fallure.	List only one cau	se on each i	ine.					/ /	ratory arrea	ι,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	<b>→</b>	· (a.	My	rest	( '	2/	nel	5 V	dener			6 per.
	,		DUE TO	(OR AS A CON	SEQUENCE O	F):							
NO	Sequentially list conditi		b	(OR AS A CON	SEQUENCE O	F):							
S	cause. Enter UNDERLYI CAUSE (Disease or inju	ING	c										1
CERTIFICATION	that initiated events resulting in death) LAS	Т	DUE TO	(DR AS A CON	SEQUENCE O	F):							No.
	PART ii. Other significa	nt condition	s contributing to	death but no	t resulting	in the und	rlying	dause (	viven in	Part i. 24s, WAS AN	AlfTODEV	I are we	ERE AUTOPSY FINDINGS
EDICAL	0	hrm	u Ohl	rush	« Le	ing	~	haer		PERFOR	MED?	AN CC	MILABLE PRIOR TO OMPLETION OF CAUSE
										_   ' ' ' ' '		1	F DEATH?
N.													
2	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Che	eck only one)			
PHYSICIAN:	1 YES 2 NO		28a, OATE OF	ER/Outpatient INJURY	3 DOA	_	g Home Bc. IHJU		sidence	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCU	RED	
ВУ Р		Pending Investigation	(Month, D		IH.	M M	WOF 1 N	RK? ES 2	NO				
		Could not be detarmined	28a. PLACE D building,	F INJURY — At etc. (Specify)	home, farm,	street, factor	r, office	•		281. LOCATION (Street City or Town, State)	and Number or	Rural Rout	e Number,
COMPLETED										to the cause(a) and man time, data and place, ar			
	29b. SIGNATURE AND THE			- Contraction and an artist	- mveergati	, at any opi			ENSE NUM				onth, Day, Year)
TO BE	A	eu	_		0			D	17	743	<b>&gt;</b> 1/	6/9	4
	Dr. L. Se	en ivas	san, M.D.	606	TEM 27) (Type Hammor	nds La	ne,	Bal	ltimo	ore, Maryl	and 2	21225	
	JAN 10 19	Year) 94	A	R'S SIGNATURE		·				<del></del>			
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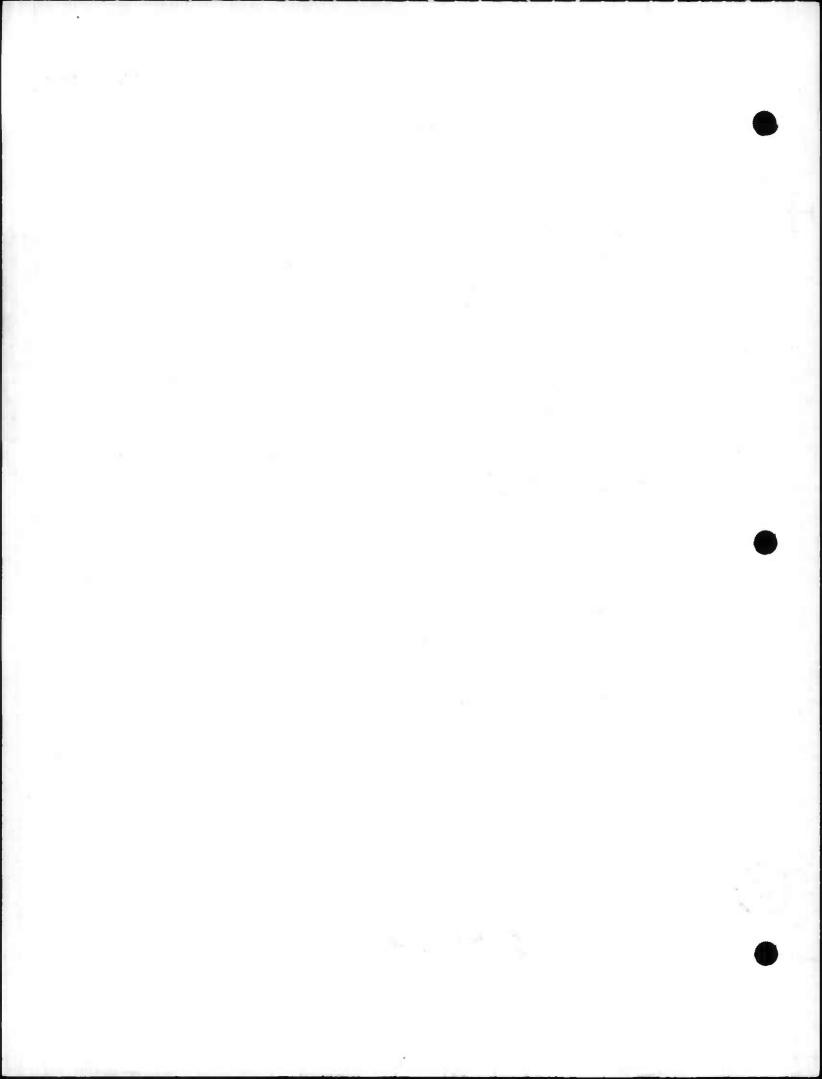
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	0	ō	2	15
	INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00404 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JANUARY 8, 1994 JOSEPH SEBASTIAN FERDINAND 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DEC. 9 216-12-8159 72 MARYLAND 1X M 2 - F VRS 1921 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GLEN BURNIE ANNE ARUNDEL NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY INC. CITY TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL PASADENA 1 TES Z NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 8066 WOODHOLME CIRCLE 21122 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  $\chi$  YES 2  $\square$  NO IF YES, GIVE WAR OR DATES  $\psi$  WORLD  $\psi$  WAR II 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, etc. 1 Never Married 2 X Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) WHITE 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION

The blind of work done during most of working COMPLETED 1S. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) College (1-4 or 5+) NONE econdary (0-12) ntery/S FOREMAN GENERAL REFACTORY, INC. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surr ROSS SEBASTIAN ANNA JOHN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8066 WOODHOLME CIRCLE, PASADENA, MD. 21122 NELLIE **SEBASTIAN** 20s. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata GLEN HAVEN MEMORIAL PARK 4 Donalion 5 Other (Specify) GLEN BURNIE, MARYLAND 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 Dong 23. PART I. Enter the disesses, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) CERTIFICATION Sequentielly list conditions. if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury thet initieted events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL in the underlying cause given in Part I. 1 TYES 2 TNO 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 1 1 Inpatient 2 ER/Outpatient 3 I DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED NJURY 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide detarmined 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ED CAUSE OF DEATH (ITEM 27) (Type DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AND ATTENDED OF PARTICIPATE THE PARTY AND ADDRESS OF THE PARTY AND ADDR
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BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minurs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit hours shed death with the State Dark of Health and Mental House near to burial companion or removal	ווספוס חוות חחתו נות מו סמים לולי מו יותחוו היות ווחוות להיות היותחות היותחות
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	rted within	completel	
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	1. DECEDENT'S NAME (First, Middle, La EDMUND DAVII		RED C	D			2. DATE OF DEATH	<b>5</b> 77 9	YEAR :	3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			
	705-10-2432	1 🕅 M 2 🗆 F	93	"	MONTHS DAYS	HOURS MIN.	06/10/1.90	o c	Country)	AND
стов	96. FACILITY NAME (If not inetitution, git  AUGSBURG LUTHER  RESIDENCE OF DECEDENT	RAN HOME				OR LOCATION OF D	EATH	1	TY OF DEA	
DIREC	10e, STATE 10b, COU				KESVILL			M		IOd. INSIDE CITY
RAL	10e. STREET AND NUMBER				1	Of. ZIP CODE		10g. CITIZ		IAT COUNTRY?
ш	6811 CAMP FIELD	O ROAD				21207		U.	S.A.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Diverced		T EVER IN U.S I YES 2 MAR OR DATES	KINO	if yes, o		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	a or No—	14. RACE - Black, ' Specify:	American Indi White, atc.
8	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a	DECEDENT'S	USUAL OCCUPAT	TON	16b. KIND OF BU	SINESS/INDU	USTRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5		Me. Do NOT us	AD INSP		B & O :	RAILRO	DAD	
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maider	Sumeme)		
ш	JOHN D. SCHREIF	3ER				MARGA	RET HARDUS	EN		
10 B	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tov			
-	MARY A. BOPP			1417	WOODCL	IFF RD.,	BALTIMORE	, MD 2	21.228	3
	20e. METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 R  4 Donation 5 Other (Specify)	iemoval from State			PER DISPOSITION (F	IAL PARK	01/10 GLI		-	
			T 1 1 1 2	IV IIAVEI	V MEHOK	IAL PAKK	UL/IU GDI	IN DUP	W.LC.	LID
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	GLE	IN HAVE				ZIV DOE	M.L.C.,	FID
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	A GLE	IV HAVE	SING	AND ADDRESS OF FU	NERAL HOME			
	18. X6	en He	le:		SING 1 SE	LETON FU	NERAL HOME . S.W., GL	EN BUI	RNIE,	MD 21
	23. PART I. Enter the diseases, shock, or heart failu immediate Cause (Final disease or condition resulting in death)	of complications the re. List only one cau	at ceused the	a deeth. Do n line.	22. NAME SING 1 SE ot enter tha m	AND ADDRESS OF F LETON FU COND AVE	NERAL HOME . S.W., GL	EN BUI	RNIE,	MD 21
	23. PART I. Enter the diseases, ahock, or heart fallu IMMEDIATE CAUSE (Final disease or condition	of complications the re. List only one cau	at ceused the	a deeth. Do n line.	22. NAME SING 1 SE ot enter tha m	AND ADDRESS OF F LETON FU COND AVE	NERAL HOME . S.W., GL	EN BUI	RNIE,	
NO	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions,	or complications that re. List only one cat a. DUE TO	at coused the use on each	a deeth. Do n ilne. Vee U	22. NAME / SING 1 SE of enter tha m	AND ADDRESS OF F LETON FU COND AVE	NERAL HOME . S.W., GL	EN BUI	RNIE,	MD 21
ATION	23. PART I. Enter the diseasea, ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	or complications that re. List only one cat a. DUE TO	at coused the use on each	a deeth. Do n line.	22. NAME / SING 1 SE of enter tha m	AND ADDRESS OF F LETON FU COND AVE	NERAL HOME S.W., GL	EN BUI	RNIE,	MD 21
IFICATION	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate	of complications the re. List only one can a. Due to b	at ceused the use on each of the Color of th	a deeth. Do n ilne. Vee U	22. NAME / SING 1 SE ot enter tha m	AND ADDRESS OF F LETON FU COND AVE	NERAL HOME S.W., GL	EN BUI	RNIE,	MD 21
正	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	of complications the re. List only one can a. Due to b	at ceused the use on each of the Color of th	a deeth. Do n iline. Vice u NSEOUENCE OF	22. NAME / SING 1 SE ot enter tha m	AND ADDRESS OF F LETON FU COND AVE	NERAL HOME S.W., GL	EN BUI	RNIE,	MD 21
CERTIF	23. PART I. Enter the diseases, ahock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	of complications the re. List only one cat a. DUE TO b. DUE TO c. DUE TO	at coused the use on each O (OR AS A COM	a deeth. Do n ilne. Weeve of ASEOUENCE OF	22. NAME / SING 1 SE ot enter tha m	AND ADDRESS OF FULTON FULTON FULTON FULTON AVE	NERAL HOME S.W., GL ch as cardiac or reap	EN BUI	RNIE,	MD 21 Approximintarval B Onset and
CERTIF	23. PART I. Enter the diseases, ahock, or heart fellu immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	of complications the re. List only one cat a. DUE TO b. DUE TO c. DUE TO	at coused the use on each O (OR AS A COM	a deeth. Do n ilne. Weeve of ASEOUENCE OF	22. NAME / SING 1 SE ot enter tha m	AND ADDRESS OF FULTON FULTON FULTON FULTON AVE	NERAL HOME S.W., GL ch as cardiac or reap	EN BUH	RNIE,	MD 21 Approxim Interval B Onset an
MEDICAL CERTIF	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other algnificent conditions.	of complications the re. List only one cat a. DUE TO b. DUE TO c. DUE TO	at ceused the use on each O (OR AS A CO) (OR AS A CO) (OR AS A CO)	a deeth. Do n ilne. Weeve of ASEOUENCE OF	22. NAME / SING 1 SE ot enter tha m	AND ADDRESS OF FULTON FULTON FULTON FULTON AVE	NERAL HOME S.W., GL ch as cardiac or reap	EN BUH	RNIE,	MD 21 Approxim Interval B Onset and
MEDICAL CERTIF	23. PART I. Enter the diseasea, ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions.	or complications the re. List only one cause. Due to b. Due to c. Due to d.	at ceused the use on each O (OR AS A CO) (OR AS A CO) (OR AS A CO)	a deeth. Do n ilne. Weeve of ASEOUENCE OF	22. NAME / SING 1 SE ot enter tha m	AND ADDRESS OF FULTON FULTON FULTON FULTON AVE	ACHITY NERAL HOME S.W., GL ch as cardiac or reap  Part I. 24a. WAS AI PERFO 1 YES	EN BUH	RNIE,	MD 21 Approxim Interval B Onset and
SICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other algnificent conditions.	of complications the re. List only one can be determined by the policy of the policy o	at coused the use on each of the couse of th	A deeth. Do n line.  VICE VINSEOUENCE OF SECUENCE OF S	22. NAME SING 1 SE of enter tha m  or the modern that m  or the mo	AND ADDRESS OF FUNCTION FUNCTI	ACILITY NERAL HOME S.W., GL ch as cardiac or reap  Part I. 24a. WAS AP PERFO 1 YES  heck only one)	EN BUH	RNIE,	MD 21.  Approxim Interval B Onset and  VERE AUTOPSY F NOMPLETION OF 6
SICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseasea, ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions of the condits of the conditions of the conditions of the conditions of the c	of complications the re. List only one cat a. DUE TO b. DUE TO c. DUE TO d  HOSPITAL: 1   Inpatient 2 [ 28e. DATE OF	at ceused the use on each of the control of the con	A deeth. Do n line.  WEEUENCE OF SEOUENCE	22. NAME / SING 1 SE ot enter tha m	AND ADDRESS OF FUNCTION FUNCTI	ACHITY NERAL HOME S.W., GL ch as cardiac or reap  Part I. 24a. WAS AI PERFO 1 YES	EN BUIL Intropy arre	24b. W	MD 21 Approxim Interval B Onset and
MEDICAL CERTIF	23. PART I. Enter the diseasea, ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in the condition of the condition	of complications the re. List only one cat a. DUE TO b. DUE TO c. DUE TO d  HOSPITAL: 1   Inpattent 2 [ 28e. DATE OF (Month, L.	at ceused the use on each of the control of the con	A deeth. Do n line.  WEEUENCE OF SEOUENCE	22. NAME SING 1 SE OT enter the months of the second secon	AND ADDRESS OF FUETON FUETON FUETON FUETON FUETON AVEOR OF DEATH (Comme 5   Residence	ACILITY NERAL HOME S.W., GL ch as cardiac or reap  Part I. 24a. WAS AP PERFO 1 YES  heck only one) 6 Other (Specify)	EN BUIL Intropy arre	24b. W	MD 21 Approxim Interval B Onset and

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. TASNEEM LAKHANI

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

JANUARY 10.

DXIS

7220 PARK HEIGHTS AVE., BALTIMORE, MARYLAND

Terrett materials and a second state

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Charles Sessa  4. SOCIAL SECURITY NUMBER 065-16-3212 1	
Charles Sessa  4. SOCIAL SECURITY NUMBER 065-16-3212  1  M 2 F 81 VRS.  6. AGE (In yrs. last birthday) 98. FACILITY NAME (If not institution, give street and number) Edw. W. McCready Memorial Hospital  Pesidence of Decedent 10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Crisfield  10d. INS  LIMI  10d. INS  LIMI  10d. INS  11d.	03 A. I
4. SOCIAL SECURITY NUMBER  065-16-3212  1 M 2 F 81  98. FUNDER 1 YEAR FUNDER 24 HRS.  1 M NOTHS DAYS HOURS MIN.  11-28-1912  99. FACILITY NAME (If not institution, give street and number)  Edw. W. McCready Memorial Hospital  PESIDENCE OF DECEDENT  109. STATE  109. COUNTY  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. INS.  106. INS.  107. DATE OF BIRTH (Month, Day, Year) 11-28-1912  8. BIRTHPLACE (S. COUNTY) New Y  90. COUNTY OF DEATH Somerset  106. CITY, TOWN OR LOCATION  106. INS. LIMI	tate or Foreign
065-16-3212  1 ☑ M 2 ☐ F 81  98. FACILITY NAME (# not institution, give street and number) Edw. W. McCready Memorial Hospital  99. FACILITY NAME (# not institution, give street and number) Edw. W. McCready Memorial Hospital  90. CITY, TOWN OR LOCATION  100. STATE  100. STATE  100. COUNTY  100. INSTANCE  100. SOME TS SET COUNTY  100. INSTANCE  100.	
Edw. W. McCready Memorial Hospital Crisfield Somerset    Crisfield	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Maryland Somerset Co.  Cricfield  Limit	
Maryland Somerset Co. Cricfield	
	DE CITY
1 VE	S 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COU	NTRY?
306 Myrtle St 21817 USA	
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMEO 1 Never Married  12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, etc.)	tc.,
3 Widowed 4 Divorced IF YES, GIVE WAR OR OATES NO 1 YES 2 NO Specify: WE	nite
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	
Elementary/Secondary (0-12) College (1-4 or 5+)  Construction	
17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)	
Joseph Sessa Agnes	
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
MaBelle Sessa 305 Myrtle St, Crisfield, MD 21817	
20b. PLACE AND DATE OF DISPOSITION   DATE    20c. LOCATION — City or Town, State	
21. SIGNATURE OF JUNERAL SERVICE LICENSIE	
Animal Ronald Wade, Dir Maryland State Anatomy Board atomy	Board
23. ART I. Enter the diseases, or complications that caused the death Denet article and of the death of the d	1
And the design of the design o	
interest, or realit failure. List only pha cause on each lina.	proximate erval Batwesn
interest, or realit failure. List only pha cause on each lina.	proximate erval Batwesn
interest, or realit failure. List only pha cause on each lina.	proximate erval Batwesn
integration in the art tentione. List only one cause on each line.	proximate erval Batwesn
IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Metastatic Carlinoma, Right Neck, Recurrent  Due to (or as a consequence of):  Primary Squenmens Cell Carcinoma of Laryny 12  Sequentially list conditions,	proximate erval Batwesn
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Metastatic Carcinoma, Right Well, Recurrent  Due to (or as a consequence of):  Primary Squenmeus Cell Carcinoma of Laryny  Due to (or as a gonsequence of):  Due to (or as a gonsequence of):  Due to (or as a gonsequence of):	proximate erval Batwesn
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Metastatic Carcinoma, Right Neck, Recurrent  Metastatic Carcinoma, Right Neck, Recurrent  Due to (or as a consequence of):  Primary Squemmbers Cell Carcinoma of Laryny  Due to (or as a gonsequence of):  Due to (or as a gonsequence of):  Due to (or as a consequence of):	proximate erval Batwesn
Interest cause (Final disease or condition resulting in dasth)  Metasfatic Carlinoma, Right Week, Recurrent  a. Metasfatic Carlinoma, Right Week, Recurrent  Due to (or as a consequence of):  Primary Squenmeus Cell Carlinoma of Laryny  Due to (or as a consequence of):  Primary Squenmeus Cell Carlinoma of Laryny  Due to (or as a consequence of):  CAUSE (Disease or injury  CAUSE (Disease or injury	proximate erval Batwesn
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Metastatic Carcinoma, Right Well, Recurrent  Metastatic Carcinoma, Right Well, Recurrent  Due to (or as a consequence of):  Primary Squermed Call Carcinoma of Larryny  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	proximate erval Batwesn
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Metasfatic Carlingma, Right Neck, Recurrent  a. Metasfatic Carlingma, Right Neck, Recurrent  Due to (or as a consequence of):  Primary Squenmbles Cell Carlingma of Laryny  Due to (or as a gonsequence of):  Due to (or as a gonsequence of):  Due to (or as a consequence of):	proximate erval Batwesn
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Metastatic Carcinoma, Right Well, Recurrent  Metastatic Carcinoma, Right Well, Recurrent  Due to (or as a consequence of):  Primary Squermets Cell Carcinoma of Laryny  Due to (or as a consequence of):  Adalabet	proximate proximate proximate proximate proximate per sent Desth per sent p
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  **Metastatic Carcinoma, Right Neil, Recurrent 3  **Due to (or as a consequence of):  **Due to (or as a conseq	proximate proximate proximate proximate proximate per sent Desth per sent p
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Metastatic Carcinoma, Right Neil, Recurrent  Metastatic Carcinoma, Right Neil, Recurrent  Due to (or as a consequence of):  Primary Squentified Carcinoma of Laryny  Due to (or as a consequence of):	Proximate proximate proximate proximate patterns and Desth proximate proxima
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  **Metastatic Carcinoma, Right Well, Recurrent Substituting in dasth)  **Metastatic Carcinoma, Right Well, Recurrent Substituting in dasth)  **Due to (or as a consequence of):  **Due	Proximate proximate proximate proximate patterns and Desth proximate proxima
IMMEDIATE CAUSE (Final disease or condition resulting in dast)    Metastatic Carcinoma, Right Neil, Recurrent   Sequentially list conditions	Proximate proximate proximate proximate patterns and Desth proximate proxima
Interest   Interest	Proximate proximate proximate proximate patterns and Desth proximate proxima
Interesting in death   Due to (or as a consequence of):	Proximate proximate proximate proximate proximate per sent post per sent pe
Interest   Interest	Proximate proximate proximate proximate proximate per sent post per sent pe
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)    Metastatic Carcinoma, Right Neth, Recurrent   2	Proximate proximate proximate proximate proximate per sent post per sent pe
IMMEDIATE CAUSE (Final disease or condition resulting in death)  **Metastatic Carlinoma**, Right Nail, Recurrent**  **Due to (or as a consequence of):  **Due to (or as a cons	Proximate provide Batween set and Death Batw
IMMEDIATE CAUSE (Final disease or condition) resulting in dasth)  Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algorithms and or investigation in Part I.  PART II. Other algorithms and or investigation in Part I.  PART II. Other and Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural R	Proximate proximate proximate proximate proximate per set set Death per set set set set set set set set set set
IMMEDIATE CAUSE (Final disease or condition) resulting in dasth)  Metastatic Carlinoma, Right Well, Recurrent  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE to (or as a consequence of):  Due to (or	Proximate proxim
IMMEDIATE CAUSE (Final disease or condition) resulting in dasth)  **Pull of the cause of each insert intended as the course of the cause of each insert intended as the course of the cause of each insert intended as the course of the cause of each insert intended as the course of the cause of each insert intended as the cause of each occurred at the time, date and place, and due to the cause of each of the cause o	Proximate proxim
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)    Metastatic Carlinoma, Right Neil, Recurrent	Proximate proxim

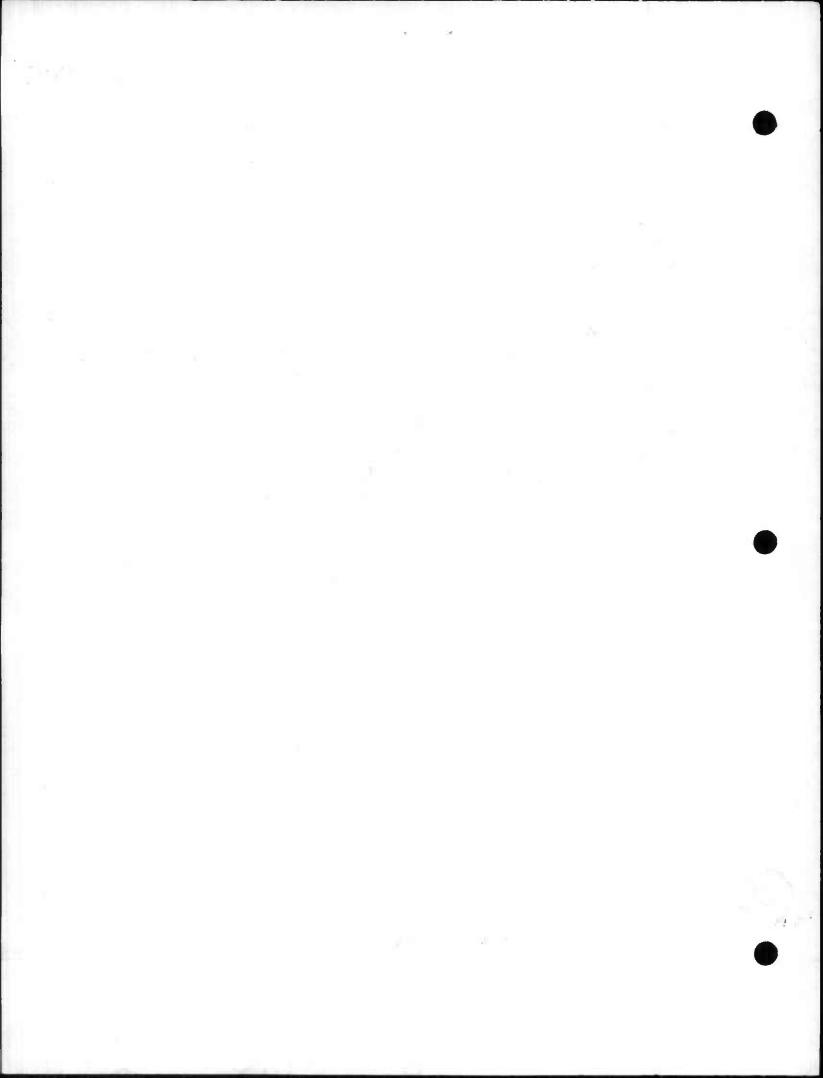
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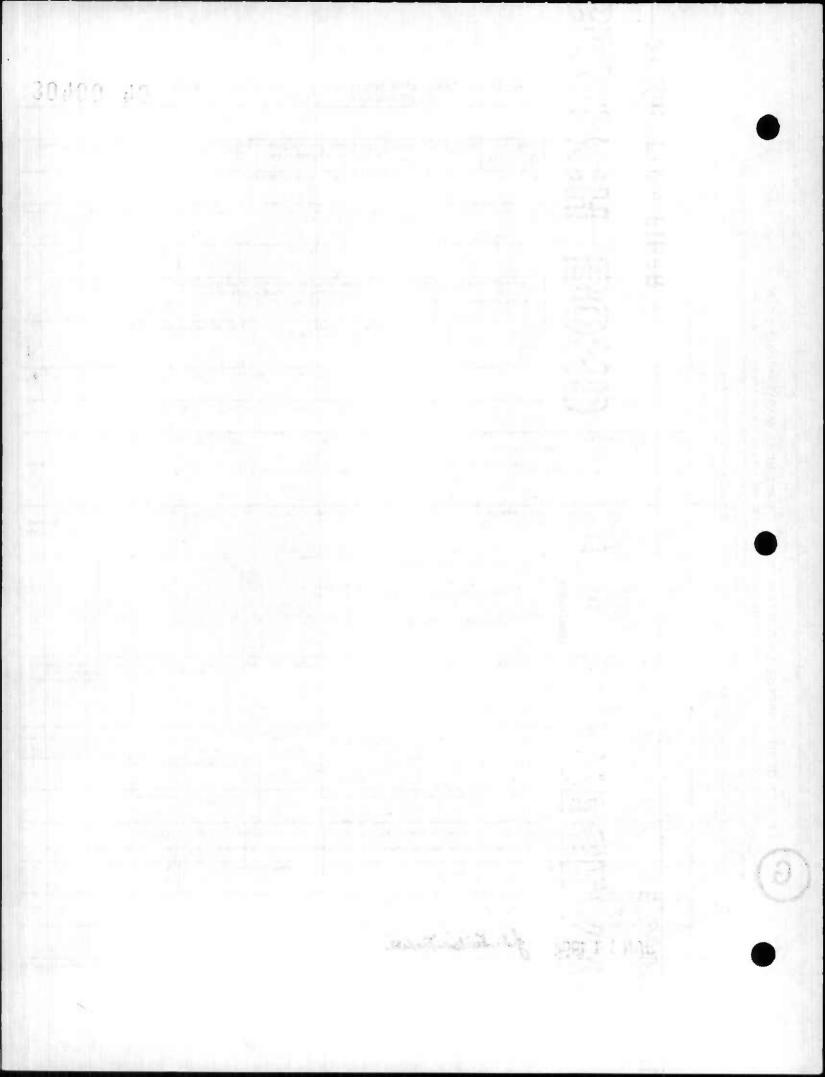
DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN		CERTI	FICATE (	JE DEATH		REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last  LULA	MAE	STRE	IB		MONTH	ARY 7	1992	3. TIME OF DEATN			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday		AR IF UNDER 24 H	IRS. 7. DATE	OF BIRTN	8.1	BIRTNPLACE (State or Forei			
	216-10-4552	1 🗆 M 2 🔀 F	83 YRS.			(Month	Day, Year) -1910		Country) IARYLAND			
	9a. FACILITY NAME (If not institution, give			9ь. СІТҮ, ТО	WN OR LOCATION O	OF DEATN	DEATN 9c. COUNTY OF OEATN					
DIRECTOR	7977 MCNELIN WAY			SEVI	ERN			ANNE A	ARUNDEL			
EC	10a. STATE 10b. COUN	TY	10c. C	TY, TOWN OR L	OCATION				10d. INSIDE CITY			
	MARYLAND ANNE	ARUNDEL	SE	VERN					LIMITS?			
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?			
NEF	7977 McNELIN WAY	T			21144			U.S.A	E. Y			
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT EVER FORCES? 1 YE	S 2 X NO	If ye	DECENOENT OF NI	laxican, Puarto F			RACE — American Indian Black, White, atc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 1 0	YES 2 NO S	Specify:			Specify: WHITE			
COMPLETED	15. DECEDENT'S EC (Specify only highest grad	UCATION (ie completed)	18a. DECEOENT (Give kind o	f work done durin	PATION g most of working	16b.	KINO OF BUS	INESS/INDUST				
LE .	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)				D 1 == =				
PMC	12 YEARS  17. FATNER'S NAME (First, Middle, Last)		EXECU	TIVE SE	CRETARY	'S NAME (First, A			RESEARCH			
E C	ZENO A. FISHER				ANNA		mudre, Maiden S	ourneme)	SMITH			
m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AODRESS (St	reat and Number or F		er, City or Town	, Stale, Zip Coo				
5	RAYMOND E. STR	EIB	7977	McNEL]	N WAY S	SEVERN,	MARYLA	ND 2	1144			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Dother (Specify)	movel from State	0b. PLACE AND DAT	E OF DISPOSITIO	N (Name of	OATI	20c. LOC	ATION — City	or Town, State			
			LOUDON P	ARK CEN			94 BAL	TIMORE	, MARYLAND			
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME											
	23. PART I. Enter the diseeses, or	20		1 SE	COND AVE	E. S.W.	GLEN	BURNIE	, MD 210			
ATION	immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. METAS DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE	UTBR 0F): 72407 0F):	row 2	(1XE) 1	MESC.	DEXCH RCOVII	Onset and  Onset and  Onset And			
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	d	A CONSEQUENCE		\$60.5							
EDICAL	PART II. Other significent condition	one contributing to deeth	but not reaulting	in the under	lying ceuse give	en in Part I.	24a. WAS AN A PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?			
Σ							/		1 - YES 2 - N			
AN	25. WAS CASE REFERRED TO MEDICAL	T			6. PLACE OF OEATH	H /Chack auto	-					
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	utpatient 3 □ DOA	OTHER:	V	ence 8 Other						
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF INJUR (Month, Day, Year	Y 28b. T		: INJURY AT WORK?		CRIBE HOW IN	JURY OCCUR	ED			
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO	0						
ETED	3 Suicide 8 Could not be datermined	28a. PLACE OF INJU- building, atc. (S)	RY — At homa, farm pecify)	, atrast, factory,	office	281. LOC	ATION (Street er or Town, State)	nd Number or F	Bural Route Number,			
COMPLE		SICIAN: To the best of my kno							use(s) and manner as at			
	296. SIGNATURE AND TITLE OF CERTIP		in m	<u> </u>	29c. LICENSE		Т	29d. DATE SI				
O BE	geepen	suscell	PATTE	NOING	PHYSICIA	s 274		1/-	10-94			
5	SO NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF (	900 CA	PONA	ENCE,	Sn. AG	NES /	OSP,	BALTOM			
4	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	GNATURE	į.	/							
	IAN 1.1 100A	STATE MELLINGS	on-Manale Be									



	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN	-	4 00408
	1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF DEATH	MY Y	3. TIME OF DEATH
	ELIZABETH T		AUSS	,	JANUARY		
	216-10-7069	1 □ M X X F 89	YRS. MON			1904	BIRTNPLACE (State or Foreign Country) MARYLAND
TOR	90. FACILITY NAME (If not institution, give NORTH ARUNDEL H RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF C GLEN BURNIE	BEATN	9c. COUNTY ANI	NE ARUNDEL
DIRECTOR	10e. STATE 10b. COUN	ANNE ARUNDEL		WN OR LOCATION LEN BURNIE			10d. INSIDE CITY LIMITS? 1 YES 2 V NO
ERAL	100. STREET AND NUMBER 7736 WOODSIDE T	ERRACE, APART	MENT T2	101. ZIP CODE 21061		U.S.	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF NISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify	en, Puerto Rican, etc.)	e or No- 14	Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EC (Specify only highest grave) Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	16s. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	one during most of working ed.)	UPHOLST		TRY
E COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM	MOODY	<u> </u>	16. MOTHER'S N ANNA	AME (First, Middle, Maiden		N
TO B	190. INFORMANT'S NAME (Type/Print) WILLIAM AUGUST	STRAUSS	7736 WO	RESS (Street and Number of Russ) ODSIDE TERRAC	APT. T-	on State Zio Co 2, GLE	N' BURNIE, MD.
	20e. METNOD OF DISPOSITION 1 Surlel 2 Cremation 3 Re 4 Donation 6 Donation	moval from State Car	b. PLACE AND DATE OF DIS metary, crematory or other p LEN HAVEN	POSITION (Name of MEMORIAL PARK	11/121		y or Town, State RNIE, MARYLAN
	21. SIGNATURE OF FUNERAC SERVICE I	JCENSEE .		22. NAME AND ADDRESS OF F			
CERTIFICATION	immediate Cause (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR A DUE TO	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	au.idat			Interval Betwee Onset and Deat
4: MEDICAL	PART II. Other significant condition	one contributing to death t	but not reaulting in th	a undariying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	or	26. PLACE OF DEATH (C	heck only one)		
PHYSICIAN:	1 TYES 2 MO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4 DOA 28b. TIME OF INJURY	Nursing Nome 5 PResidence 28c. INJURY AT WORK? M 1 YES 2 NO	6 C Other (Specify)  26d. DESCRIBE NOW	INJURY OCCUP	RED
ETED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJURY	Y At home, farm, street	tactory, office	28t. LOCATION (Street City or Town, State	end Number or	Rurel Route Number,
TO BE COMPLE	200. SIGNATURE AND TITLE OF CENTIF	NER: On the beele of examination	viedge, death occurred at on end/or investigation, in	the time, date end place, and du my opinion, death occured at th 29c. LICENSE NU	e time, date and place, e	nd due to the c	
	30. NAME AND ADDRESS OF PERSON V  DAVIEL  31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print	Hammonds	L. B	out.	md 2125
	JAN 1 1 1994	gruha Mavidso	n-Andelli				



1 - STATE REGISTRAR		STATE OF 1	MARYLAND /		TMENT ICATE				MENTAI	HYGIE		94	0040
1. DECEDENT'S NAME (F									MONTH	OF DEATH	DAY	YEAR	3. TIME OF DEATH
CYNTHIA	- 11	•	STRADW:						Janu		4, 1		8:40 A
4. SOCIAL SECURITY N		5. SEX	6. AGE (In yrs. las		IF UNDER 1	DAYS	HOURS	R 24 HRS.	7. DATE (Month	OF BIRTH n, Day, Year)		8. BIRTI	HPLACE (State or Foreign try)
218-62-684 90. FACILITY NAME (# 70	. —	1 M 2 X F	40	40 YRS.						ust 1	1,195		est Virgin
			-1 Comb				erla:	TON OF DE	EATH		9c. COI	UNTY OF E	
Memorial H		a Medic	ar cente	er	C	umbe	erra	110				AI.	legany
10e. STATE	10b. COUNT	1		10c. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY LIMITS?
WV	M	ineral			New C	Cree	k						1 TYES 2 THO
10e. STREET AND NUME	ER					101	. ZIP COE	DE			10g. Cl	TIZEN OF	WHAT COUNTRY?
30 Willo	w Court		Heights				26	5743				USA	
11. MARITAL STATUS  1 Never Married 2		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	WAS DEC	ENDENT	OF HISPAN	VIC ORIGIN	17 (Specify Ricen, etc.)	Vea or No —	14. RAC Blac	E — American Indian, ik, White, etc.
3 Widowed 4 X			MAR OR DATES					Specifi				Spec	olfy:
15. [	DECEDENT'S EQU	CATION	16a DE	CEDENT'S	USUAL OC	CUBATIC	NA		1406	KIND OF I	BUSINESS/IN	Duerny	Black
(Specify Elementary/Secondar	only highest grade	completed)  College (1-4 or 5	(G		work done du			ing	100.	. KIND OF I	SUSINESS/IN	IDUSTRY	
12	y (0-12)	College (1-4 or 5	+)	Cort	ified	i Pa	rale	len.		Law			
17. FATHER'S NAME (Firs	t, Middle, Last)			CELC	11160	ı ıa			ME (First, I		en Sumeme)		
Russell	C. Cla	v. Sr.					9	Suell	en	Gaite	r		
19e. INFORMANT'S NAM		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	190	b. MAILING	ADDRESS	(Street a						(ip Code)	
The manufacture of the manufactu													
20e. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION //Name of QATE 20c. LOCATION — City or Town. State													N. T. Alice
1 No Buriel 2 Cremation 3 Removal from State Cometery, crematory or other place)												own, State	
4 Donation 5 Other (Specify) Potomac Memorial Gardens 1/08/94 Keyser, West Vir													
	ERAL SERVICE LIG	CENSEE		matory or o	morial 22. N	Gare	dens	ESS OF FA	/08/9/	4 K	evser,		
	ther (Specify)	CENSEE		matory or o	morial 22. N	Gare NAME AN	dens d adore ck-S	ess of fa	/08/9/	4 K eral	evser, Home	West	Virginia
	eral service Lic	Lensee	Potom	matory or o ac Mer	morial 22. N Ro 85	Gard NAME AND STRU	dens D ADORE Ck-S Mai	ess of fa Smith n St	/08/9/ ciuty Fundreet	eral Key	evser, Home	West	Virginia
21. SIGNATURE OF FUND 23. PART I. Enter the shock, o	ERAL SERVICE LIG	Lensee	Potom	ac Mer	morial 22. N Ro 85	Gard NAME AND STRU	dens D ADORE Ck-S Mai	ess of fa Smith n St	/08/9/ ciuty Fundreet	eral Key	evser, Home	West	Virginia  26726  Approximata interval Batwe
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23. PART I. Enter the ahock, o immediate Cause disease or condition resulting in death)  Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) Leading in death)	eral Service Lice	complications the List only one can be to	Potom  It caused the da use on each line  OP AS A CONSECUTION AS A CONSECU	ath. Do r	morial 22. N Ro 85 not antar t	Garana And Struits S. S. Stha moo	dens dens	ESS OF FA	/08/9/citry Fundament	4 Key Harat Key	Home ser.	West.	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the ahock, o immediate Cause disease or condition resulting in death)  Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) Leading in death)	eral Service Lice	complications the List only one can be to	Potom  It caused the da use on each line  OP AS A CONSECUTION AS A CONSECU	ath. Do r	morial 22. N Ro 85 not antar t	Garana And Struits S. S. Stha moo	dens dens	ESS OF FA	/08/9/citry Fundament	4 Key Harat Key	Home ser. spiratory a	West.	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE
21. SIGNATURE OF FUND  23. PART I. Enter the ahock, of immediate cause disease or condition resulting in death)  Sequentially list configure. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L.  PART II. Other significance of the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L.  25. WAS CASE REFERRE	eral Service Lice	a. OUE TO  b. OUE TO  d. SE CONTRIBUTING TO	Potom  It caused the da use on each line  OP AS A CONSECUTION AS A CONSECU	ath. Do r	morial 22. N Ro 85 not antar t	Garry NAME AND THE US S	dens HD ADORI Ck-S Mai da of dy Ch	ESS OF FA	/08/9/citry Fundament	4 Key Key Siac or red	Home ser. spiratory a	West.	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the ahock, o immediate Cause disease or condition resulting in death)  Sequentially list conif any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other signif	eral Service Lice	complications the List only one can be over to be to be contributing to the contributi	Potom  It caused the da use on each line  OP AS A CONSECUTION AS A CONSECU	ath. Do r	in the unc	Garry NAME AND THE US S	dens dens dens dens dens dens dens dens	ess of FA	/08/92 CRUTY Fundament Feet has care	4 Key Key Misc or red	Home ser. spiratory a	West.	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the ahock, of immediate Cause disease or condition resulting in death)  Sequentially list confirm, leading to improve the cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L.  PART II. Other significant cause. Examiner?	eral Service Lice	a. OUE TO  b. OUE TO  d. BE CONTRIBUTING TO  HOSPITAL: 1 1 1 1 1 Input lant 2	Potom  In caused the dause on each line  O OR AS A CONSECTION  O OR AS A CONSECTION  O D D D D D D D D D D D D D D D D D D	ath. Do r	wher plece)   Dorial   22. N   Ro   85     Ro   85	Garry NAME AND THE USE OF THE PROPERTY OF THE	dens DADORI Ck-S Mai da of dy Ch Ch Ch Ch Ch Ch Ch Ch Ch Ch Ch Ch Ch	ess of FA	Part I.	24a. WAS PERF 1 VES	Home ser. spiratory a	West.	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the ahock, of immediate Cause disease or condition resulting in death)  Sequentially list confirming in death)  Sequentially list confirming in death)  Sequentially list confirming in death)  Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other significations are summer?  1  YES 2  NO  27. MANNER OF ORATH	eral Service Lice	DUE TO  DUE TO	Potom  In caused the dause on each line  O OR AS A CONSECTION  O OR AS A CONSECTION  O D D D D D D D D D D D D D D D D D D	ath. Do r	in the unc	Garry NAME AND THE STATE OF THE	dens dens dens dens dens dens dens dens	ess of FA	Part I.	24a. WAS PERF 1 VES	AN AUTOPSY ORMED?  2 XXNO	West.	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21. SIGNATURE OF FUND  23. PART I. Enter the ahock, of immediate CAUSE disease or condition resulting in death)  Sequentially list configures, leading to improve the cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L.  PART II. Other signification of the cause. Examiner?  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF CATH  1 Natural 5 2 Accident 3 Suicide 6	eral Service Lice  Available  a diseases, or or heart failure.  (Final and the service Lice  Available  a diseases, or or heart failure.  (Final and the service Lice  Available  Available  Available  (Final and the service Lice  Available  Av	BENSEE  Complications the List only one call a cours to be the course of	Potom  In caused the dause on each line  O OR AS A CONSECTION  O OR AS A CONSECTION  O D D D D D D D D D D D D D D D D D D	ath. Do r ath. Do r buence o buence o esuiting	in the unc	Garry NAME AND THE MANUAL STATE OF THE MANUAL	dens  #D ADORE Ck—S  Mai  da of dy  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  C	ess of FA	Part I.	24a. WAS PERF 1 YES  (Specify) SCRIBE HOT	AN AUTOPSY ORMED?  2 XX NO	West.  WV  Treat,  241	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21. SIGNATURE OF FUND  23. PART I. Enter the ahock, of immediate cause of disease or condition resulting in death)  Sequentially list configure. Enter UNDER CAUSE (Disease or International Cause. Enter UNDER CAUSE (Disease or International Cause. Enter UNDER CAUSE (Disease or International Cause. Enter UNDER CAUSE (Disease or International Cause. Enter UNDER CAUSE (Disease or International Cause)  PART II. Other significant of the Cause of Cause	eral Service Lice  Avairus  a diseases, or or heart failure.  (Finai  ditions, mediate allying injury as T  ficant condition  o To Medical  Pending Investigation	BENSEE  Complications the List only one call a cours to be the course of	Potom  It caused the da use on each lina  OF AS A CONSECTION  OF AS A CONSECTION  OF AS A CONSECTION  OF AS A CONSECTION  OF AS A CONSECTION  OF AS A CONSECTION  OF AS A CONSECTION  OF AS A CONSECTION  OF AS A CONSECTION  OF INJURY — At how	ath. Do r ath. Do r buence o buence o esuiting	in the unc	Garry NAME AND THE MANUAL STATE OF THE MANUAL	dens  #D ADORE Ck—S  Mai  da of dy  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  C	ess of FA	Part I.	ATION (Strong)	AN AUTOPSY ORMED?  2 XX NO	West.  WV  Treat,  241	D. WERE AUTOPSY FINDIN AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the ahock, of immediate Cause disease or condition resulting in death)  Sequentially list confirming in death)  Sequentially list confirming in death)  Sequentially list confirming in death)  CAUSE (Disease or that initiated events resulting in death) L.  PART II. Other signification in death)  25. WAS CASE REFERRE EXAMINER?  1 YES 2 XNO  27. MANNER OF OEATH  1 X Hatural 5 2 Accident 3 Suicide 6 4 Homicide	eral Service Lice  Available  a diseases, or or heart failure.  (Final additions, mediate altying injury and i	BENSEE  Complications the List only one call a cours to be the course of	Potom  It caused the da use on each line  O (OR AS A CONSECT  O (OR AS A CONSECT  O death but not r  ER/Outpatient 3  FINJURY  OF INJURY — At house.	ath. Do reached by the composition of the compositi	in the unc	Garry NAME AND TRU US S	dens dens dens dens dens dens dens dens	ESS OF FA	Part I.	24a. WAS PERR 1 YES  ATION (Stroor Fown, Ste	AN AUTOPSY ORMED?  2)CINO W INJURY OF	West.  WV  rreat,  244  ccureo  er or Rural	D. WERE AUTOPSY FINDIN AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the ahock, of immediate Cause disease or condition resulting in death)  Sequentially list confirming in death)  Sequentially list confirming in death)  Sequentially list confirming in death)  Enter UNDER CAUSE (Disease or that initiated events resulting in death) L.  PART II. Other signification in the signification in death) L.  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF ORATH  1 Natural 5 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only MX C.	eral service Licenter (Specify)  ERAL SERVICE LICENTER (Specify)  a diseases, or or heart failure.  (Final conditions, mediate RLYING injury LAST  ficant condition  To MEDICAL  Pending investigation  Could not be detarmined  CERTIFYING PHYSI	B. OUE TO  B. OUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE	Potom  It caused tha da use on each lina  O (OR AS A CONSECT  O (O	ath. Do reached a company of the com	or in the unc	Garry NAME AND TRUE US S	dens dens do Adori ck-S Mai da of dy  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  C	ess of FA	Part I.  28d. OES  28t. LOC City to the case	24a. WAS PERR 1 YES  ATION (Street, Street, AUTOPSY ORMED?  2)C(NO w INJURY Of	West.  WV  rreat,  24l  ccureo  er or Rural	D. WERE AUTOPSY FINDIN AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	

				PERFORMED?  1 □ YES 2/5/NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	heck only one)	
1 TYES 2 NO	HOSPITAL: 1	□ DOA 4 □ No	R: Irsing Home 5 - Residence	6 Other (Specify)	
27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28d. OEŞCRIBE HOW INJURY OCCU	REO	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hos building, atc. (Specify)	me, farm, street, fa	ctory, office	281, LOCATION (Street and Number of City or Yown, State)	Rural Route Number,
29a, CERTIFIER CERTIFYING PHYS	CIAN: To the best of my knowledge, dea	rth occurred at the	time, date end place, and du	e to the cause(s) and menner as stated	

30. NAME AND ADDRESS OF PERSON WHO	COMPL	ETED	CAUSE OF	DEATH (ITEM	27) (Type, Print)	

Qamar Zaman M.D. Suite 102 625 Kent Ave. 21502 Cumberland, MD

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VISION OF VITAL RECORDS, P.O. BOX 6876	ATTENDAR PHYSICIAN: The law requires that the death certificate be executed wi
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RECC	requires
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•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
. D	ECEDENT'S NAME (First, Middle, Last)	,	2. DATE OF DEATH	

	1. DECEDENT'S NAME (FIRST	t, Middle, Last)	Senni:	54				JIS		2. DATE OF DEATH DON'TH D		EAR 3	9:10
	4. SOCIAL SECURITY NUM 271-22-5378		5. SEX 1 M 2 X F	6. AGE (In yrs. Ia	et birthday) YRS.	IF UNDER	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	4 8.	BIRTHPL GOUNTY)	ACE (State or Foreign
LOR	9e. FACILITY NAME (If not institution, give street end number) Francis Scott Key Medical Center  Baltimore City											тн	
DIRECTO	10e. STATE Maryland	10b. COUNT	-			y, town o		TION	1				Dd. INSIDE CITY LIMITS? YES 2   N
FUNERAL	619 S. Pond		eet				101	2122			U.S.		AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 3 A Widowed 4 Div		FORCES?	T EVER IN U.S. ALL I YES 2 PARA OR DATES		- 11	yes, sp	ENDENT O ecity Cubar 2 XND	n, Mexica	NC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No.— 14	RACE - Black, \ Specify:	American Indian White, etc. White
PLETED	15. DEC (Specify on Elementary/Secondary (	CEDENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5	+)	CEDENT'S in kind of a Do NOT us House	vork done d se retired.)	CUPATIO uring mo	ON ist of workin	g	16b. KIND OF BU	SINESS/INDUS	TRY	
BE COMPL	17. FATHER'S NAME (First, A Christos (		doulou					100000000000000000000000000000000000000		ME (First, Middle, Maiden Stergaki	Surneme)		
TO B	19a. INFORMANT'S NAME ( George Sta	mation	1	6	19 S	Pon	(Street o	ond Number Stree	or Rural I	Route Number, City or Tow Baltimore,	Md . 2	1224	
	204. METHOD OF DISPOSIT	TION on 3 Rem r (Specify)	oval from State	20b. PLACE						1-13 Lak	e Wort		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Home  Matthews Funeral Home  3021 Eastern Avenue, Baltimore, Md.										d. 2122		
CERTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
MEDICAL CER	PART II. Other algoritics malnut de cub anem	ritic Itus	m		-		ro.	sis hip	Fran	Part I. 24a. WAS AN PERFOI	RMED?	C	ERE AUTOPSY FINI MIRABLE PRIOR TO OMPLETION OF CA F DEATH?  YES 2 NO
AN:	25. WAS CASE REFERRED T	TO MEDICAL			T	OTHER				6 Other (Spec/ly)			
YSICIAN:	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	TO MEDICAL		ER/Outpatient :	_	-			sidence		N II III OOOI II	250	
D BY PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1	Pending investigation	28e. DATE Of (Month, ii	FINJURY Day, Year)  OF INJURY — At he	28b. TIM	E OF URY M	28c. INJ WO 1 🔲 1	URY AT ORK? YES 2		28d. DESCRIBE HOW I	end Number or		te Number,
BY	25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only 1 CER	Pending investigation Could not be determined	1 Inpetient 2 (28e. DATE Of (Month, in both of building)  28e. PLACE (building)	FINJURY  Pey, Yber)  OF INJURY — At his, atc. (Specify)  If my knowledge, di	28b. TIM INJ ome, farm, s	E OF URY M Street, factor	28c. INJ WO 1 1 1	URY AT JRK? YES 2 e	ND ND	28d. DESCRIBE HOW	end Number or	Rural Rou	
	25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only 1 CER	Pending investigation Could not be determined TIFYING PHYSIOCAL EXAMINE	28e. DATE Of (Month, in the best of the be	FINJURY Dey, Yeer)  OF INJURY — At his, atc. (Specify)  If my knowledge, dexamination end/or	28b. Tim INJ	E OF URY M street, factor and at the ti-	28c. INJ WO 1 1 1	URY AT JRK? YES 2 e	ND ND end due	281. LOCATION (Street City or Town, State) to the cause(s) end maitime, date and place, er	end Number or nner es stated. nd due to the c	Rural Rou	

funeral director,

physician

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-711 5/9/94 t.t.
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR 00411 CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OFATH 3. TIME OF DEATH ONONTH ERNEST 02 9 TAR THOMPSON SR. 4:21 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. & BIRTHPLACE (State or Foreign 220- 20- 5275 1 XXM 2 - F MARYLAND 63 11-28-30 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION MEMORIAL HOSPITAL BALTIMORE CITY DIRECTOR n/a RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE XX YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 322 E. 26 TH STREET UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BLACK BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

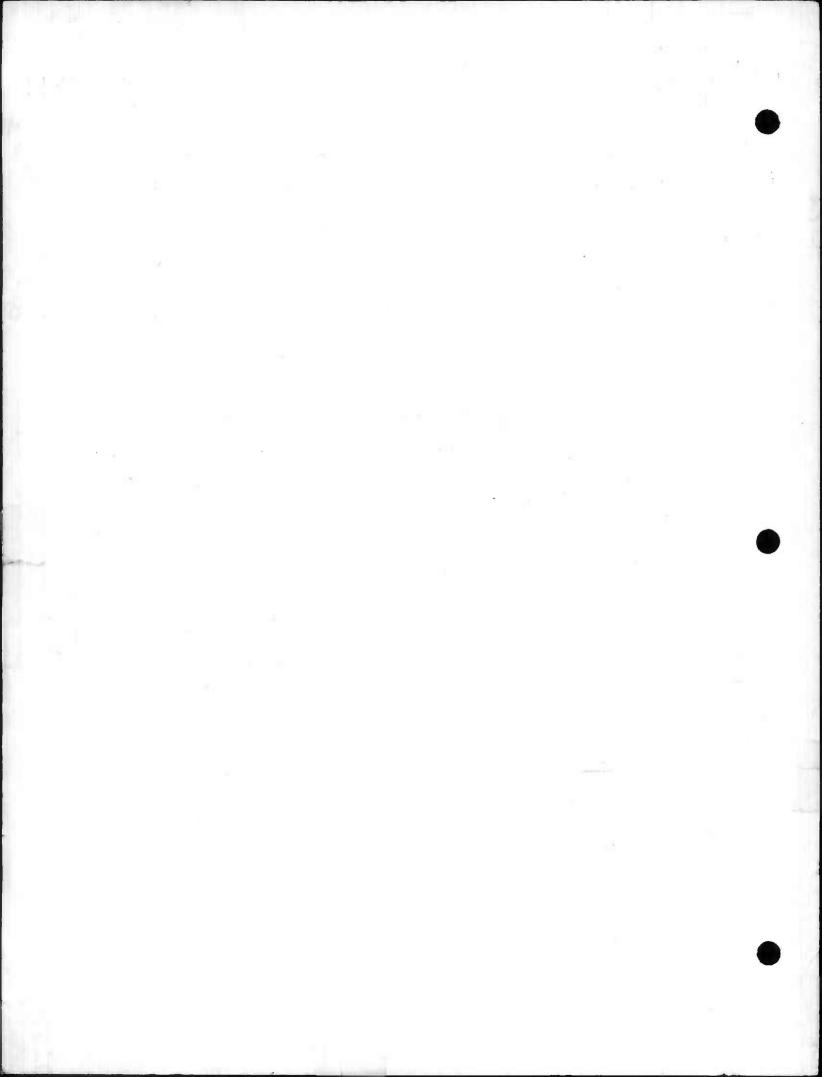
The bind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Do NOT use m Elementary/Secondary (0-12) College (1-4 or 5+) LABORER n/a 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN STANTON EVELYN THOMPSON ë page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MILDRED THOMPSON 9 NORTH BROADWAY apt. 1, BALTIMORÉ, MARYLAND 21231 be 20a. METHOD OF DISPOSITION

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\*\*Removal from State

4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must. GARRISON OF FOREST VA CEMETERY OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL BERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.- 1101 E. NORTH AVENUE filled in by the fillen, or removal. 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Fine)** Onaet and Deeth completely filled other traumatic event, the disease or condition ACUTE NARCOTIC INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): ene prior to if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 XYES 2 | NO OF DEATH? Shows 1 YES 2 NO been it. of h PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 ☐ Inpetiant 2 X ER/Outpetient 3 ☐ DOA OTHER: TXXES 2 NO ng Home 5 🗆 Rasidence 8 🗆 Other (Specily) the 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 26c, INJURY AT WORK? this c marked, 28d. DESCRIBE HOW INJURY OCCURED Pending 1 Natural FOUND PM FOUND: 1-2-94 2XX NO DIRECTOR: After the hours after death volume 28 is mark BY UNKNOWN 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 322 EAS1 261H STREET 3 Suicide 8 XX Could not be COMPLETED 4 Homicide FOUND: RESIDENCE BALTIMORE 29s. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HO 2 😾 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29h, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E 01/03/1994 errus 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

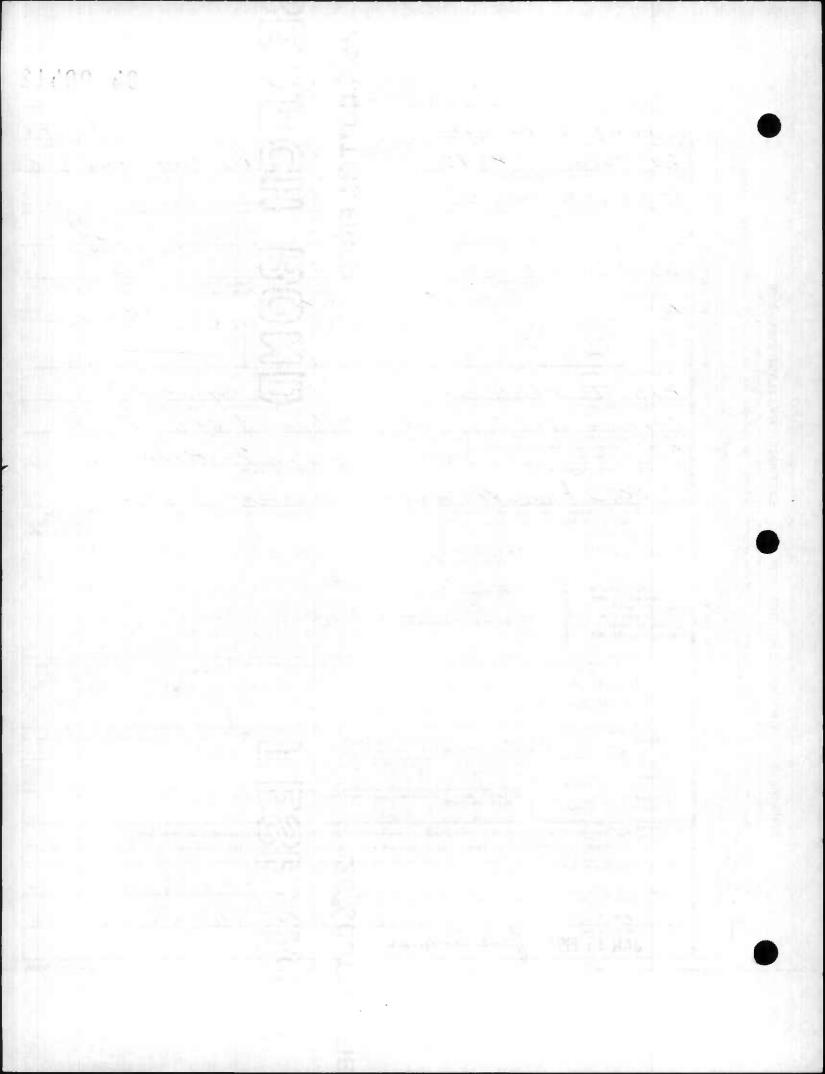
111 Penn Street, Baltimore, Maryland 32 AEGISTRAB'S SIGNATURE JAN 1 1 1994



## 1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ш	FRNest 1	- RedR	ick		Helen				untafion)				
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	Donation 8 - Other (Specify)		_ Less S/	enn :	STA	K C	em.	14	B711	0.	ad.		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22.	NAME A	ND ADDRES	SS OF FA	CILITY					
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JIVISION OF VITA	OR ATTENDING PHYSICIAN: The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The
DIVISION OF VITA	D, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

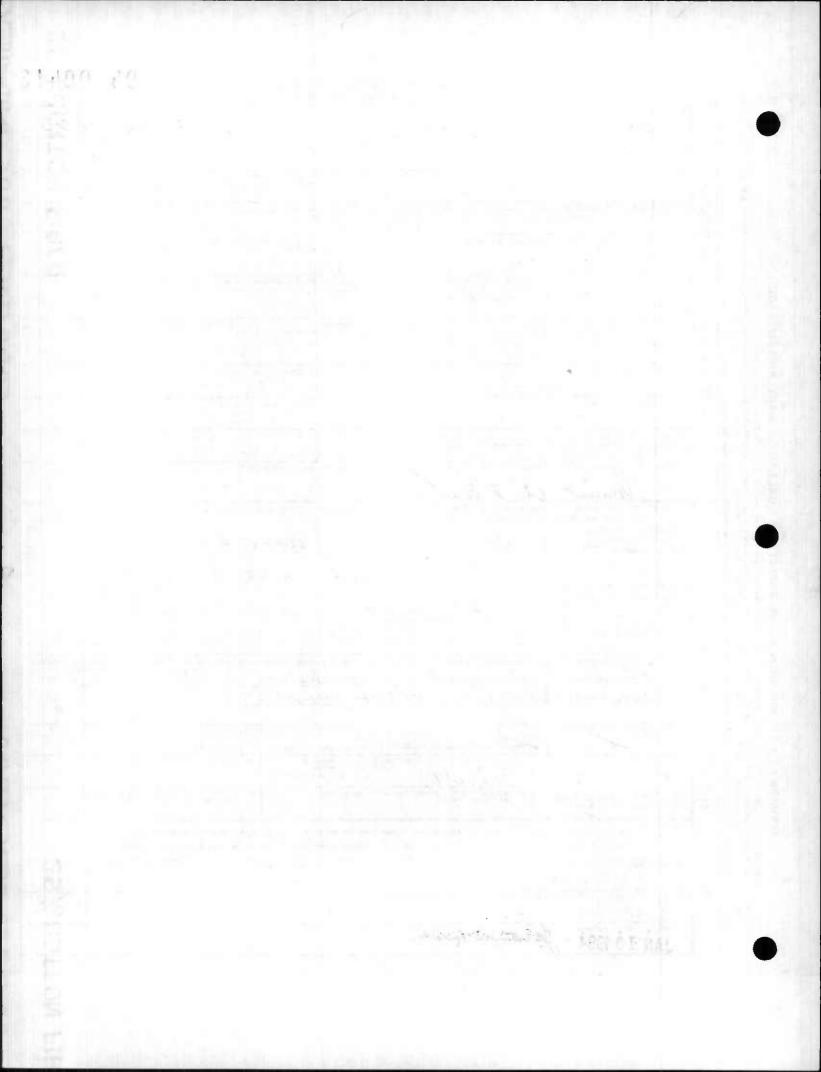
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Gordon	L. Ta	4/00	S	r.			2. DATE MONTH	OF DEATH	ž	YEAR	3. TIME OF DEATH	
SOCIAL SECURITY NUMBER		6. AGE (In yrs. le	ast birthday)	IF UNDER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE (	OF BIRTH	)	8. BIRT	NPLACE (State or Foreig	
220-30-1649	1 🔀 M 2 🗆 F	58	YRS.	MONTHS DAYS	HOURS	MIN.	4/1	7/19	35	Ma	ryland	
FACILITY NAME (If not institution, give		9b. CITY, TOWN	EATN 9c. COUN			INTY OF I	NTY OF DEATH					
Harbor Hospit	al Cente	er		balto	.Cit	cy, M	la.		-		7.	
STATE 10b. COUNT	Y		10c. CITY	TOWN OR LOCA	TION						18d. INSIDE CITY	
Maryland -		Ba1			lto.City,						1 X YES 2 N	
STREET AND NUMBER				1	H. ZIP CODE				10g. CI1	IZEN OF	WHAT COUNTRY?	
1110 S.Carey	st,				212	223			Un:	ited	States	
MARITAL STATUS	12. WAS DECEDENT FORCES? 1				CENDENT C			? (Specify Yes	or No-	14. RAC	E — American Indien, ck, White, etc.	
Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WA		2		8 2 X NO			rcan, arc.j			White	
15. DECEDENT'S EDU	ICATION	18a. D	ECEDENT'S I	USUAL OCCUPAT	ION		165	KIND OF BU	SINE CC/IN	<u> </u>		
(Specify only highest grade	College (1-4 or 5+)	(1)	Give kind of w e. Do NOT use	ork done during m	ost of worldr	ng	100.	KIND OF DO.	JII4E33/II4	OOSTAT		
Flementary (Secondary (0-12) Brd, Grade	None		uckst	ter				Own I	Bus,			
FATHER'S NAME (First, Middle, Last)					100			liddle, Maiden				
James		Taylor			Mi	i 1dr	ed		Ho	rlac	cher	
. INFORMANT'S NAME (Type/Print)	Т.	1	9b. MAILING	ADDRESS (Street	and Number	r or Rural	Route Numb	er, City or Tow	n, State, Z	ip Code)		
Gordon L. Tayl	pr,ur.		1110	S.Car	ey	o L . ]	Salto					
. METHOD OF DISPOSITION  [Burlel 2   Cremation 3   Rem	noval from State	20b. PLACE competery, co	AND DATEO	F DISPOSITION (A	lame of		DATE	20c. LO	CATION -	- City or T	own, State	
				tor bideol		1 / 1	2/0	1 101 -	20 D.		~ MA	
	OFMORE	Gier	i Hav	_				Gle	n B	urni	e,Md.	
	CENSEE	Gler	i Hav	22. NAME /	ND ADDRES	SS OF FA	CILITY	Ba	1to	.Md.	21230	
SIGNATURE OF PUNERAL SERVICE LI	a. 1/2	light	/	McCu	ally	Fur	cility nera:	Ba L Hom	1to e,1	.Md.		
SIGNATURE OF PUNERAL SERVICE LI	a 7/2	and caused the d	eath. Do no	McCu	ally	Fur	cility nera:	Ba L Hom	1to e,1	.Md.	21230 E.Fort a	
SIGNATURE OF PUNERAL SERVICE LI  A CONTROL OF PUNERAL SERVICE LI  PART I. Enter the diseases, or shock, or heart feilure.  MEDIATE CAUSE (Final	complications that	caused the d	eath. Do no	MCCU	111y ode of dyl	Fur	CILITY  1era:	Ba L Hom	1to e,1	.Md.	21230 E.Fort a	
SIGNATURE OF PUNERAL SERVICE LI  A CANADA  PART I. Enter the diseases, or shock, or heert fellure.  MEDIATE CAUSE (Final lease or condition	complications that	caused the d	eath. Do no	MCCU	111y ode of dyl	Fur	CILITY  1era:	Ba L Hom	1to e,1	.Md.	21230 E.Fort a	
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SIGNATURE OF PUNERAL SERVICE LI  PART I. Enter the diseases, or shock, or heart fellure.  MEDIATE CAUSE (Final sease or condition suiting in death)	complications that List only one caus  a	caused the die on each line on as a consider	Polymence of	McCu	111y ode of dyl	Fur	CILITY  1era:	Ba L Hom	1to e,1	.Md.	21230 E.Fort a	
PART I. Enter the diseases, or shock, or heert fellure.  MEDIATE CAUSE (Final sease or condition suiting in death)  quentielly list conditions, any, leading to immediate use. Enter UNDERLYING	complications that List only one caus  a	caused the d	Polymence of	MCCU	111y ode of dyl	Fur	CILITY  1era:	Ba L Hom	1to e,1	.Md.	21230 E.Fort a	
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SIGNATURE OF PUNERAL SERVICE LI  LANDING PART I. Enter the diseases, or shock, or heert fellure.  MEDIATE CAUSE (Final sease or condition sulting in death)  quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST  RT II. Other significant condition  Dabeles  L'exchal	complications that List only one caus  a.  DUE TO (6  DUE TO (6  DUE TO (6  d.	caused the die on each line of	EQUENCE OF	MCCI ot enter the m	ally ode of dyl	Furing, suc	Part I.	Ba L Hom lac or reapi	AUTOPSY	. Md . 30 E	Approximate Interval Betwonset and D	
SIGNATURE OF PUNERAL SERVICE LI  PART I. Enter the diseases, or shock, or heert fellure.  MEDIATE CAUSE (Final sease or condition suiting in death)  quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury it initiated events suiting in death) LAST  RT II. Other significant condition in the condition of	complications that List only one caus  a.  DUE TO (6  DUE TO (6  DUE TO (6  d.	caused the die on each line of each line on each line of each line of each line of each line of each line of each but not line of each but not line of each line	eath. Do note.  Pulme.  EQUENCE OF EQUENCE O	22. NAME / MCCI of enter the manual of the m	ally ode of dyl	Fur. Fur. given in	Part I.	Ba L Hom iac or reapi  24a. WAS AN PERFOR 1 UPES 2	AUTOPSY	. Md . 30 E	Approximate Interval Betwoen and D	
SIGNATURE OF PUNERAL SERVICE LI  ACCOUNTY  PART I. Enter the diseases, or shock, or heert fellure.  MEDIATE CAUSE (Final sease or condition suiting in death)  Acquentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events suiting in death) LAST  RT II. Other significant condition in death)  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO MANNER OF DEATH	complications that List only one caus  a.	caused the die on each line of	eath. Do note.  Policy of the content of the conten	22. NAME / MCCl ot enter the m	and address	Fur. Fur. given in	Part I.	Ba L Hom iac or reapi  24a. WAS AN PERFOR 1 UPES 2	AUTOPSYMMED?	. Md .	Approximate Interval Betwoen and D	
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SIGNATURE OF PUNERAL SERVICE LI  ACTUAL  PART I. Enter the diseases, or shock, or heert fellure.  MEDIATE CAUSE (Final sease or condition suiting in death)  Acquentielty list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST  ART II. Other significant conditions.  ACT III. Other significan	Complications that List only one caus  B. DUE TO (C. DU	caused the die on each lind on	eath. Do note.  Pulling in the content of the conte	22. NAME / MCCI ot enter the m money is color the underlying the color of the color	and address	Fur. Fur. Ing, suc	Part I.	Ba L Hom iac or reapi  24a. WAS AN PERFOR 1   YES 2  (Specify) CRIBE HOW I	AUTOPSY MAED?	. Md . 30 E	Approximate Interval Betwonset and D	
SIGNATURE OF PUNERAL SERVICE LI  ACCOUNTS  PART I. Enter the diseases, or shock, or heert fellure.  MEDIATE CAUSE (Final sease or condition suiting in death)  Quentielly list conditions, any, leading to immediate use. Enter UNDERLYING  USE (Disease or Injury at initiated events suiting in death) LAST  RT II. Other significant condition  ACCASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  Netural 5 Pending Investigation	Complications that List only one caus  B. DUE TO (C. DU	caused the die on each lin  on AS A CONSE  OR AS A CONSE  DR AS A CONSE  death but not  leath but not	eath. Do note.  Pulling in the content of the conte	22. NAME / MCCl ot enter the m  MCCl ot enter the m  MCCl ot enter the m  22. NAME /  22.	and address	Fur. Fur. Ing, suc	Part I.	Ba L Hom lac or reapl  24a. WAS AN PERFOR 1   YES 2	AUTOPSY MAED?	. Md . 30 E	Approximate Interval Betwoonset and D  Mere autropsy Fino Analysis Prior To Completion of Cau of Death?  1 Yes 2 No	

TERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11 aldo

JAN 10 1994





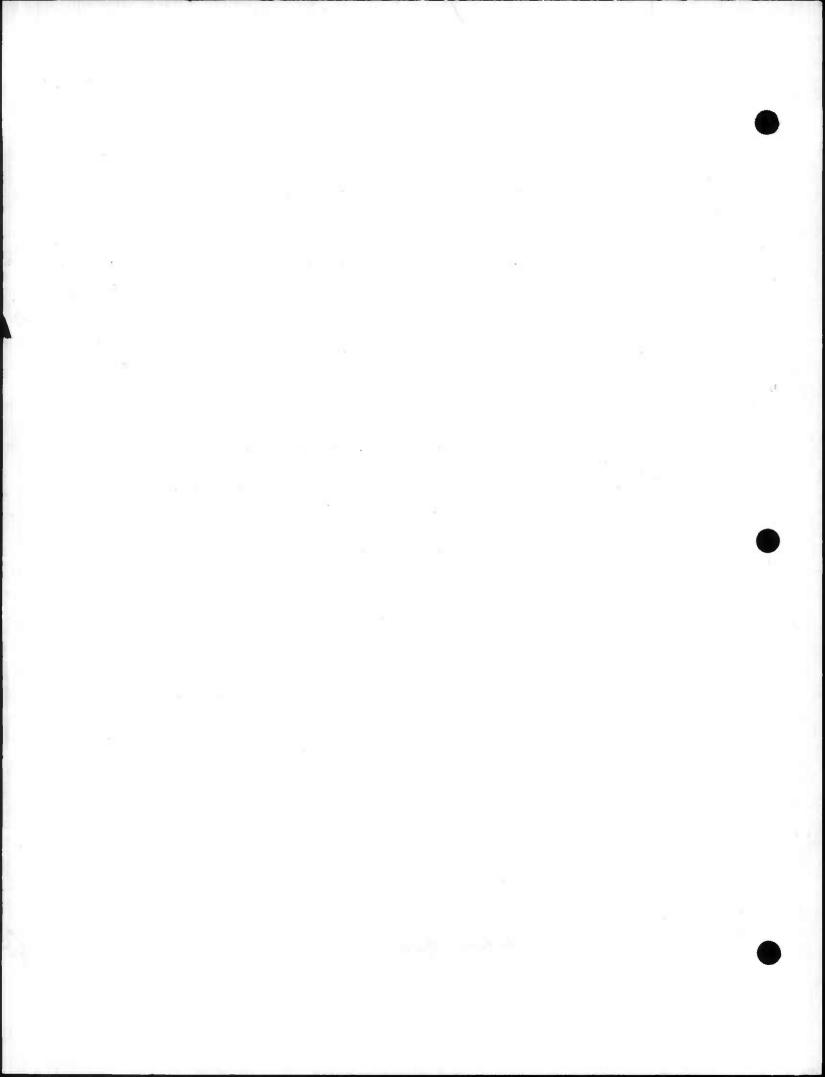
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR				TMENT OF I	BEATH AND		GIENE a. NO.	94	0041		
1	1. DECEDENT'S NAME (First, Middle, Les VIRGINIA	W.	WEBS				2. DATE OF DEA		YEAR	: 05		
П	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	MONTHS DAVE MOURS MIN			7. DATE OF BIR' (Month, Day,	TH bar)	6. BIRTHPLA Country)	CE (Stete or Foreig		
	217-24-2410  9e. FACILITY NAME (If not institution, give	1 M 2 X F	- 05	YRS.		10000		E OF BIRTH Int. Day, Year) 2-18-30  6. BIRTHPLACE (State or Fore Country) MD				
E	2227 WHEATLEY	· ·				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
ECTO	RESIDENCE OF DECEDENT	BALTIMORE CITY										
DIRE	MD 10h. COUN					OWN OR LOCATION				10d. INSIDE CITY LIMITS?		
AL D							M. ZIP CODE 10g. CITIZEN OF WHAT COUN					
1 65	2227 WHEATLY DR. APT 104					21207		'	J.S.A.			
FUN	11. MARITAL STATUS	TAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				ENDENT OF HISPAN		N? (Specify Yee or No.— 14. RACE — American India: Black, White, etc.				
BY B	1 Never Merried 2 Merried  XX Widowed 4 Divorced					ecify Cuben, Mexice 2 NO Specifi	(C.)	Specify:BLACK				
ED	15. DECEDENT'S E	ECEDENT'S	USUAL OCCUPATION	ON	16b, KIND (	OF BUSINESS/INOL	ISTRY					
E I	(Specify only highest gra	. Do NOT us	T'S USUAL OCCUPATION of working 16b. KIND OF BUSINESS/INOUSTRY of work done during most of working T use retired.)									
COMPI	12TH			HOU	SEWIFE							
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, I	Asiden Surname)				
8	NORTH WARREN  196. INFORMANT'S NAME (Type/Print)	_	140	h MAII MA	AODRESS (Start	RUBY C	SEE	as Found Court To	Cardol			
일	KENNELL WEBSTE	R	19	110	O N. LAF	EWOOD AV	E BALTO	, MD 212	213			
	20e. METHOD OF DISPOSITION				F DISPOSITION (N		OATE 2	Dc. LOCATION — C	City or Town,	State		
	XXBurlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		cengari	RISON	FOREST	VETERAN	11294	OWINGS M	MILLS,	MD		
	21. SIGNATURE OF EMPERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MARCH F/H WEST 4300 WABASH AVE											
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlittated events  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):											
: MEDICAL CER	PART II. Other significant condition	ons contributing to	death but not	reaulting i	n the underlyin	g cause givan in	1 _ 1	MS AN AUTOPSY ERFORMED? //ES 2 (XNO	AVA COI DF	RE AUTOPSY FINDIP ILABLE PRIOR TO IMPLETION OF CAUS DEATH?  YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	LACE OF DEATH (Ch	eck only one)					
YSI	1 X YES 2 □ NO	HOSPITAL:		□ DOA	6 Other (Specia	ther (Specify)						
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da		28b. TIMI INJ	URY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE	SCRIBE HOW INJURY OCCURED				
TED	3 Suicide 8 Could not b	28s. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm, s	treel, factory, offic	0	281, LOCATION ( City or Town,	Street end Number o State)	or Rural Route	Number,		
	one)	StCIAN: To the best of										
ő	X MEDICAL EXAMI	NER: On the beele of ex	samination end/or	Investigation	n, in my opinion, o	leath occured at the	time, dete end pla	ica, and due to the	ceuse(e) and	manner ee state		
TO BE COMP	296 SIGNATURE AND TITLE OF CENTRE	O.C.M.E.							SIGNED (MO) L – 7 – 1	nth, Day, Year) 994		
	Mario F. Golle	Jr. M.I	1 /			reet, B	altimo	re, Mar	rylan	d 212		
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



~ 2	RESIDENCE OF DECEDENT	aı		Baltimore			
- S	10e. STATE 10b. COUNTY		10c, CITY, TOWN	OR LOCATION			104 INC
L. Pages 1, 2, DIRECTO	Maryland -		The second	imore			10d. INS
ERAL	10e. STREET AND NUMBER	eldon Place		101. ZIP CODE	111	10g. CITIZEI	N OF WHAT CO
the burial-transit permit. Pages  BY FUNERAL DIREC	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes .2  IF YES, GIVE WAR OR DATES	B. ABMED 13.	WAS DECENDENT OF HISPAN If yea, specify Cuban, Maxica 1 YES 2 NO Specify	IIC ORIGIN? (Specify n, Puarto Rican, etc.)	Yea or No 14	RACE — Amer Black, White, Specify: Whi
5 should be detached for use as the burial-tran tottfled at once.  TO BE COMPLETED BY FUNI	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	completed) College (1-4 or 8 +)	o. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	Payable		eusiness/indus	TRY
ed at BE	George W.	Kates		Alice	N. C	osnell	
	19a. INFORMANT'S NAME (Type/Print)  Charles M. Wi	lhelm	196. MAILING ADDRESS	S (Street and Number or Rural I Weldon Pla	Route Number, City or	Town, State, Zip Co	Mary
must be	20s. METHOD OF DISPOSITION  TO Surial 2 Cremation 3 Remote  4 Donation 5 2 Other (Specify)	20b. PL/ cemeter	ACE AND DATE OF DISPOS	SITION (Nema of	DATE 20c.	LOCATION - CIT	y or Town, State
the funeral director, page year.	21. SIGNATURE OF UNERAL SERVICE LIG	ENGER Shi	22.	NAME AND ADDRESS OF FA Burgee-Her 3631 Falls	owy Iss Fune	eral Ho	ome 2
transing physician and competely filled in by the standing physician and competely filled in by the standing the standing or removarily, or other traumatic event, the medical CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):	er hemo	orrhag		Or
n signed by the hows any injur	PART II. Other algorificant condition  ALZheimer  Rhermatain	a contributing to death but re 's Deman Ex.  d ArEhri Cis	not resulting in the u	ndarlying cause given in	Part i. 24e. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AI AIAILAB COMPLE OF DEAT
A 23 Par	25. WAS CASE REFERRED TO MEDICAL						
ificate h	EXAMINER?	HOSPITAL:	OTHE				
with the	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	8 U Other (Specify)  28d. DESCRIBE HO	W INJURY OCCUP	RED
after of 28 is	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, fac		281. LOCATION (Str. City or Town, St	net and Number or late)	Rural Route Nurr
Within 72 hours after of AMT. If Item 28 is COMPLETED		CIAN: To the best of my knowledg					
TO THE FUNERAL DIRECT DIRECT TO THE FUNERAL DIRECT TO THE FUNERAL DIRECT TO BE COMPLET	296. SIGNATURE AND TITLE OF CERTIFIER	in - Hou	se office	200 LICENSE NUI			HIGNED (Month, 1)
1	30. NAME AND ADDRESS OF PERSON WHO	- Sin a +	(ITEM 27) (Type, Print)	of Baltimo	re		

R. Wilhelm

1 - M 2 X F

6. AGE (In yrs. last birthday)

YRS.

82

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

9b. CITY, TOWN OR LOCATION OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

215 07 2633

31, DATE FILED (Month, Day, Year)

Oda

9a. FACILITY NAME (If not institution, give street and number)

94 00415.

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS? 1 X YES 2 NO

14. RACE — American Indian, Black, White, etc.

White

1 Maryland ec. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

4:20A

1994

2. DATE OF DEATH DAY MONTH REG. NO.

9/13/1911

7. DATE OF BIRTH (Month, Day, Year)

City or Town, State, Zip Code) Maryland Outh, Baltimore 21211  20c. LOCATION — City or Town, State  Gamber, Maryland  Uneral Home 21211  Approximate interval Between Onset and Daath  Garyland Correspiratory arreat, Approximate interval Between Onset and Daath  Adamy  As. WAS AN AUTOPSY PERFORMED?  YES 2 NO  ON (Street and Number or Rural Route Number, Town, State)	Gamber, Maryland eral Home 21211  Baltimore Maryland reapiratory arrest, Approximata interval Between Onset and Death  4 days  As AN AUTOPSY AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO INJURY OCCURED  Street and Number or Rural Route Number, State)	Gosnell			
20c. LOCATION — City or Town, State  Gamber, Maryland  uneral Home 21211 d. Raltimore Marylan c or reapiratory arrest,  Approximate interval Between Onset and Dasth  L. Carylan  Approximate interval Between Onset and Dasth  L. Carylan  Approximate interval Between Onset and Dasth  L. Carylan  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	Gamber, Maryland  eral Home 21211  Baltimore Maryland  reapiratory arrest, Approximata interval Between Onset and Dasth  4 days  AS AN AUTOPSY REFORMED?  ES 2 NO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOW INJURY OCCURED  Street and Number or Rural Route Number, State)  d manner as stated.  29d. DATE SIGNED (Month, Day, Year)	outh, Balt	<sup>(*)</sup> Mar imor	yland e 21211	
uneral Home 21211  d. Raltimore Marylau c of reapiratory arreat,  Approximata interval Between Onset and Daath  4 days  As. WAS AN AUTOPSY PERFORMED?  YES 2 NO  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	eral Home 21211  Raltimore Marvland Approximate interval Between Onset and Death  4 days  AS AN AUTOPSY REPORMED?  ES 2 NO 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOW INJURY OCCURED  Street and Number or Rural Route Number, State)  d manner as stated.  29d. DATE SIGNED (Month, Day, Year)	20c. LOCATION — City	or Town, S	iteta	
Raltimore Marylas c of reapiratory arreat,  Approximata interval Between Onset and Dasth  A clays  Ra. WAS AN AUTOPSY PERFORMED?  YES 2 NO  AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Specify)  MBE HOW INJURY OCCURED	Paltimore Maryland Approximata Interval Between Onset and Dasth  As AN AUTOPSY REFORMED?  ES 2 NO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOW INJURY OCCURED  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOW INJURY OCCURED  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOW INJURY OCCURED  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AS AN AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH OF TOWN OF CAUSE OF TOWN OF				
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PERFORMED?  YES 2 NO  OMNIETION OF CAUSE OF DEATH?  1 YES 2 NO  OSPECIFY)  NIBE HOW INJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NOW INJURY OCCURED  Now Injury Occured Route Number, State)  d manner as stated, ce, and due to the cause(a) and manner as stated.  29d. DATE SIGNED (Month, Day, Year)	In WAS AN AUTODOV	245 WEB	E ALLYNDRY EINDINGS	
Specify) HIBE HOW INJURY OCCURED	of the control of the	PERFORMED?	COM OF E	LABLE PRIOR TO IPLETION OF CAUSE DEATH?	ı
IBE HOW INJURY OCCURED	ow INJURY OCCURED  Street and Number or Rural Route Number, State)  d manner as stated.  ce, and dua to the cause(a) and manner as stated.  29d. DATE SIGNED (Month, Day, Year)				
ON (Street and Number or Rural Route Number, Town, State)	d manner as stated.  ce, and due to the cause(a) and manner as stated.  29d. DATE SIGNED (Month, Day, Year)		RED		ı
	ce, and due to the cause(a) and manner as stated.  29d. DATE SIGNED (Month, Day, Year)	ON (Street and Number or Rown, State)	Rural Route	Number,	
(s) and manner as stated.	29d. DATE SIGNED (Month, Day, Year)				
29d. DATE SIGNED (Month, Day, Year)	1/4/94		IGNED (Mon	ith, Day, Year)	
1/7/94		<b>&gt;</b> 1	17/0	14	
				100.0	
DHMH-16 Rev 1/89	DHMH-16 Rev 1/89			DHMH-16 Rev 1/89	

Black at

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

15

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 2

DANIEL

G.SAPIR

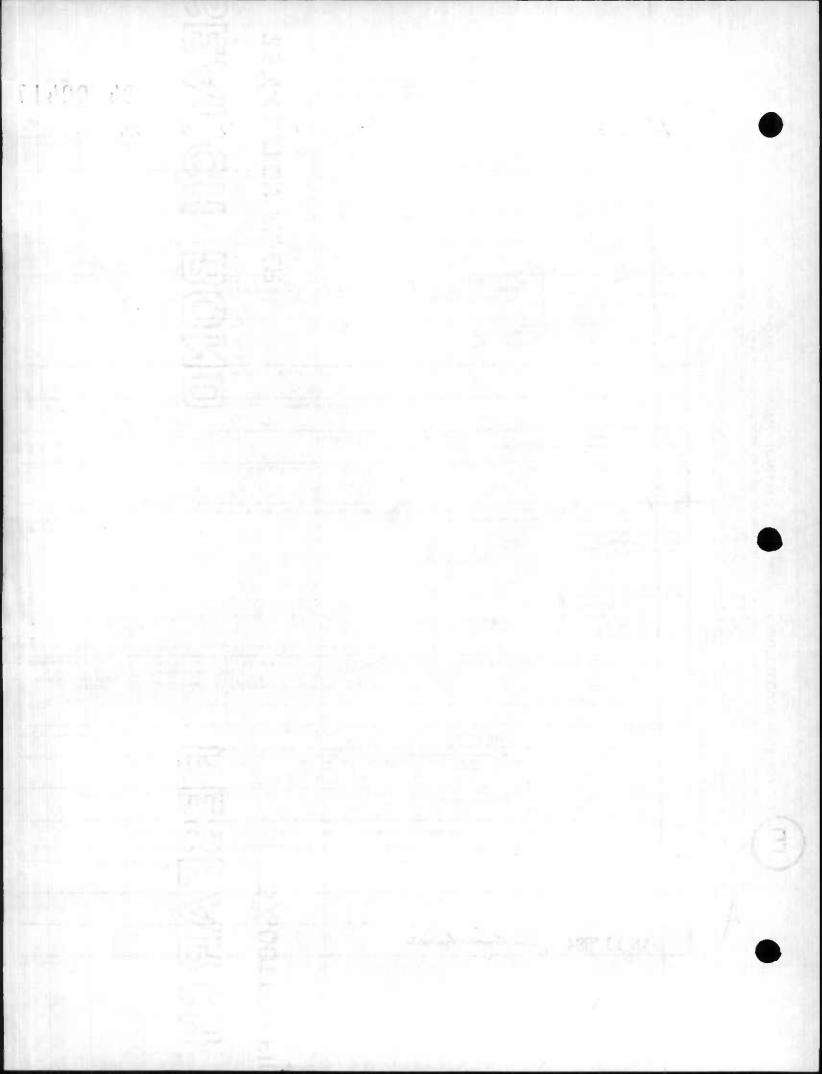
	ITEMS: 8.10c.10e.10f. PER	F.H. FILM G-709	3/8/94 t.t			01	00416
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	DEPARTMENT OF		MENTAL HYGIENE REG. NO.	24	1 00410
3	1. OECEOENT'\$ NAME (First, Middle, Last)  CH.	ARLES T.	WILLIAM	JR.	2. DATE OF DEATH DAY O1-07-	-94 YEAR	3. TIME OF OEATH 5:10 A. M
		M 2 □ F   87	YRS. IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 12-19-06	8. BIRTH Countr	IPLACE (State or Foreign VVIRGINIA NCINIA
OH		PLACE		N OR LOCATION OF DE	CITY 9c	COUNTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND BALT	IMORE	10c. CITY, TOWN OR LO		IMORE CITY		10d. INSIDE CITY LIMITS? 1  YES 24 THO
FUNERAL	100. STREET AND NUMBER 830 WEST 40	TH STREET APT.	2351 9 <b>A.D</b>	101. ZIP CODE 2121		g. CITIZEN OF V	WHAT COUNTRY?
ВУ	1 Never Married XX Married IF	MS DECEDENT EVER IN U.S. AI ORCES? XXYES 2 — YES, GIVE WAR OR DATES ORLD WAR	NO If yes,	DECENDENT OF HISPAN specify Cuban, Maxical (ES XXNO Specify		Speci	E — American Indian, k, White, atc. fly: WHITE
COMPLETED		red) ((d	ECEDENT'S USUAL OCCUP Give kind of work done during b. Do NOT use retired.) NER, INVEST	most of working	16b. KIND OF BUSINE		BANKING
BE CON	17. FATHER'S NAME (First, Middle, Last) CHARLES	T. WILLIAN	AS SR.	18. MOTHER'S NAI	ME (First, Middle, Msiden Surm	,	
10	19a. INFORMANT'S NAME (Type/Print)  DAVID McI. WILLIA				Poute Number, City or Yown, St. DR • , LUTH		21093 LE, MD.
	20a. METHOD OF DISPOSITION  XIX Burtal 2 Cremation 3 Removal fro  4 Donation 5 Other (Specify)	cemetery, cri	AND OATE OF DISPOSITION ematory or other place) AR GROVE C	EMETERY	1-10 PORT	ON — City or To SMOUTE	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				H. JENKINS ROAD, BALTI		SONS MD.21212
	23. PART I. Enter the diseases, or compile shock, or heart feliure. List on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	PN LUM	eeth. Do not anter the	mode of dying, such			Approximata interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				242s 204RS
핑	PART II. Other aignificant conditions contri		esulting in the underly		Part i. 24a. WAS AN AUTO PERFORMED		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
N: MEDICAL					1 YES <b>X</b> [X]	NO	COMPLETION OF CAUSE DF GEATH? 1 YES 2 NO
PHYSICIAN:	1 YESX2X NO 1 In	SPITAL: npatient 2 - ER/Outpatient 3	OTHER:	PLACE OF GEATH (Che			
ВУ РН	Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJURY M 1	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW INJUR		
MPLETED	4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)			281. LOCATION (Street and A City or Town, State)		toute Number,
COMPL	(Check only XX CENTIFYING PHYSICIAN: To	to the best of my knowledge, de					) and manner as stated.
BE	290. BIGNATURE AND TITLE OF CERTIFIER	Samm		29c. LICENSE NUM	BER 290		(Month, Day, Year)

OF DEATH (ITEM 27) (Type, Print)

9 EAST CHASE STREET, BALTIMORE,

	TO THE PRESSION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burdal, cremation, or removal.	
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	e law	has b	23
	AT: N	State	Hen.
	YSICIA	s certi	P .
	IG PH	ter this	narke
	ENDIN	DR: After de	a io
•	E AT	RECT urs af	2 mm
	1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fir—be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	HEDDETANT: If hem 28 is marked or Ham 22 shows any Internative at other traumative award the medical avantage and the antified of annual
,	1	FUNE	TAMT
	型	THE	POP
	2	2 3	-

	STATE OF MARYLA	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN REG. NO	- 11	4 0041
1. DECEDENT'S NAME (First, Middle, Las	1)		,	2. DATE OF DEATH		3. TIME OF DEATH
NOAH	7.1	WAL	Ston	MONTH D	TO SEAL	1 0:401
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	in yrs. last birthday)   IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
213-71-0810	1 1 1 2 1 F	47 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	52 00	untry) 1/0
213 10-0010		/		12/1		N.C.
9e. FACILITY NAME (If not institution, give	a street end number)	9b. CITY	, TOWN OR LOCATION OF	EATH	9c. COUNTY O	F DEATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	Home 9+	0501	10alfe	1,		
RESIDENCE OF DECEDENT						
10a. STATE 10b. COUP	MIT	16c. CITY, TOWN C	OR LOCATION			10d, INSIDE CITY LIMITS?
		Poar	40.			1 TYES 2 NO
10e. STREET AND NUMBER	1 1 0		10f. ZIP CODE	,	10g. CITIZEN O	F WHAT COUNTRY?
400 N. 1501	notal #1	re	2/2	24	11.	SA
10e. STREET AND NUMBER  ### STATUS  11. MARITAL STATUS  1   Prever Married 2   Merried	12. WAS DECEDENT EVER IN	U.S. ARMED 13.	WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No. 14 B	ACE — American Indian,
1 Never Married 2 Merried	FORCES? 1 YES	2 L-NO	If yes, specify Cultin, Maxic	an, Puerto Rican, atc.)		leck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	1123	1 YES 2 NO Spec	ny:	Sı	pecity: Plank
	DUCATION	16a, DECEDENT'S USUAL OF	COMPATION	18b. KIND OF BU	1	may
(Specify only highest gra	ade completed)	(Give kind of work done ille. Do NOT use retired.)		166. KIND OF BU	SINE 35/INDUS   H	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	me. Do Nor use remed.)		1990		
(14)				yr -9-y		
15. DECEDENT'S EI (Specify only highest gra Elementally/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lest)	1.1.		18. MOTHER'S N	AME (First, Middle, Melden	Sumame)	. 01
Man WH,	15 40W		CORDE	EGIA HA	n Mar	ie Chekk
	( )	19b. MAILINO ADDRES!	S (Street and Number of Rura	Return Number, City or Tow	n, State, Zip Code	
Sherie N	Alston .	2100 R	olnoid 1	me ?	12.54	4
20g. METHOD OF DISPOSITION	1112	400 1	ariora m		122	
1 Buriel 2 Cremation 3 Ra		PLACE AND DATE OF DISPOS etery, crematopy or other place)		DATE 20c. LO	CATION - City or	Town, State
4 Donation 5 Other (Specify)		Wester	41 Har		dom.	Me Ma
21. SIGNATURE OF FUNERAL SERVICE	CICHESEE	22.	NAME AND ADDRESS OF F	ACILITY	1620	in.
1015/1	1/1/ek	-	Total M.	1911 + 14	000	1010
	7771		3-11 1111	119C/N	BRO	adway
23. PART I. Enter the diseases, D	or complications that caused re. Liet only one cause on ea	the death. Do not anter	the mode of dying, au	ch as cardiac or reep	iratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final						Onset and Dear
disease or condition	Endo	cardins				310-
resulting in deeth)		CONSEQUENCE OF:				7
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	CONSEQUENCE OF):				
if any, leading to immediate cause. Enter UNDERLYING	50E 10 (011 A5 A	CONSCIOUENCE OF J.				
CAUSE (Disease or Injury	C					
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
resulting in death) LAST	d					
		it not reculting in the ur	Markina ceusa alvea le		AUTOPSY :	24b. WERE AUTOPSY FINDING
PART II. Other aignificant conditi		/		PERFOR	RMED?	AVAILABLE PRIOR TO
PART II. Other aignificant conditi	lone contributing to death but it is in mune D	efriciency &	y notes me (	PERFOR		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHS
PART II. Other aignificant conditi		friciency &		PERFOR		COMPLETION DF CAUSE OF DEATH?
PART II. Other aignificant conditi		efficiency &		PERFOR		COMPLETION DF CAUSE
PART II. Other aignificant conditi	I im mune D	efriciency &	y nelsome (	PERFOR		COMPLETION DF CAUSE OF DEATH?
PART II. Other aignificant conditi	I im mune D	efriciency &	y nelsome (	PERFOR		COMPLETION DF CAUSE OF DEATH?
PART II. Other aignificant conditi	I i'm mune D	_ ОТНЕЯ	y nelsome (	PERFOR		COMPLETION DF CAUSE OF DEATH?
PART II. Other aignificant conditi	HOSPITAL: 1 1 Inpution 2 ER/Output 280. DATE OF INJURY	ation: 3 DOA 4 DND	26. PLACE OF DEATH (CR: sing Home 5 - Residence 28c. INJURY AT	PERFOR	□ №	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other aignificant conditi	HOSPITAL: 1 1 Inpetient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year)	atient 3 DOA OTHER	28. PLACE OF DEATH (C) R: Place of Death (C) R: Place of Death (C) R:	PERFOI  TO YES 2  heck only one)  G Other (Specify)	□ №	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   ER/Output (Month, Day, Year)	attent 3 DOA 4 Nun 28b. TIME OF INJURY M — At home, farm, street, fact	28. PLACE OF DEATH (C R: sing Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO	PERFORM  TO S  TO YES 2  Theck only one)  The Control (Specify)  The Control (Specify)  The Control (Specify)  The Control (Specify)  The Control (Specify)  The Control (Specify)  The Control (Specify)  The Control (Specify)	NJURY OCCURED	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   ER/Output 28e. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Speci	attent 3 DOA 4 Nun 28b. TIME OF INJURY M — At home, farm, street, fact	28. PLACE OF DEATH (C R: sing Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO	PERFORM 1 VES 2  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURED	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL:  1 G Inpetient 2 ER/Output  28e. DIACE OF INJURY building, etc. (Speci	atlent 3 DOA OTHER 4 Nun 28b. TIME OF INJURY M At home, ferm, street, fact	28. PLACE OF DEATH (C) R: sing Home 5   Residence 28c. INJY AT WORK? 1   YES 2   NO tory, office	PERFORM  TO S  TO YES 2  Theck only one)  Control (Specify)  Perform  To YES 2  The YES	NJURY OCCURED	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 8 determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 1 © Inpettent 2 □ ER/Output 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	atlent 3 DOA 4 Nun 28b. TIME OF INJURY M  At home, ferm, street, fact	28. PLACE OF DEATH (CR: 10. PLACE OF DEATH (CR: 10. PLACE OF DEATH (CR: 11. PLACE OF DEATH (CR: 12. PL	PERFOI  TO S  TO YES 2  Theck only one)  Cother (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, Steet)  to the cause(e) end meile time, date and place, and	NJURY OCCURED and Number or Ru	COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  ral Route Number,
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER AT SO ONE	HOSPITAL: 1 I Inpetient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Internation of the beals of axamination of the beals of t	etient 3 DOA 4 Nun  29b. TIME OF INJURY M  At home, farm, street, fact  edge, daeth occurred at the to and/or investigation, in my of	28. PLACE OF DEATH (CR: 10. PLACE OF DEATH (CR: 10. PLACE OF DEATH (CR: 11. PLACE OF DEATH (CR: 12. PL	PERFORMANCE OF THE PERFORMANCE O	NJURY OCCURED and Number or Ru	COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO  rel Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 8 determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER OF CERTIFIER (Check only One) 1 MEDICAL EXAMINER ANO TITLE OF CERTIFIER ONE) 30. NAME ANO AOORESS OF PERSON N	HOSPITAL:  1 1 Inpertent 2 = ER/Output  28e. DLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Speci	attent 3 DOA 4 Nun  28b. TIME OF INJURY M  At home, farm, street, fact  edge, daeth occurred at the to and/or investigation, in my of the company of the com	28. PLACE OF DEATH (C) R: sing Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO tory, office  lime, date end place, and du populon, death occured at th	PERFORMANCE TO TOWN, Steel  281. LOCATION (Street City or Town, Steel)  1 0 the cause(e) and mere time, date and place, and time.	NJURY OCCURED and Number or Rui nner as stated, ad due to the caus 29d. DATE SIGN	COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO  rel Route Number,  see(a) and manner as stated.  HED (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not a determined  29a. CERTIFIER (Check only 2 MEDICAL EXAMINER)  29b. SIGNATURE AND TITLE OF CERTIFIANT ONLY 2 MEDICAL EXAMINER OF DERSON YOUR AND AND AND AND AND AND AND AND AND AND	HOSPITAL:  1 I Inpetient 2 ER/Output  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special INER: On the best of my knowle INER: On the best of axaminetion  FIER  WHO COMPLETED CAUSE OF DEA	etient 3 DOA 4 Nun  28b. TIME OF INJURY M  At home, farm, street, fact  edga, daeth occurred at the total and/or investigation, in my of the company of the	28. PLACE OF DEATH (C) R: sing Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO tory, office  lime, date end place, and du populon, death occured at th	PERFORMANCE TO TOWN, Steel  281. LOCATION (Street City or Town, Steel)  1 0 the cause(e) and mere time, date and place, and time.	NJURY OCCURED and Number or Rui nner as stated, ad due to the caus 29d. DATE SIGN	COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO  rel Route Number,  see(a) and manner as stated.  HED (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 8 determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER OF CERTIFIER (Check only One) 1 MEDICAL EXAMINER ANO TITLE OF CERTIFIER ONE) 30. NAME ANO AOORESS OF PERSON N	HOSPITAL: 1 I Inpetient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Internation of the beals of axamination of the beals of t	etient 3 DOA 4 Nun  28b. TIME OF INJURY M  At home, farm, street, fact  edga, daeth occurred at the total and/or investigation, in my of the company of the	28. PLACE OF DEATH (C) R: sing Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO tory, office  lime, date end place, and du populon, death occured at th	PERFORMANCE TO TOWN, Steel  281. LOCATION (Street City or Town, Steel)  1 0 the cause(e) and mere time, date and place, and time.	NJURY OCCURED and Number or Rui nner as stated, ad due to the caus 29d. DATE SIGN	COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO  rel Route Number,  see(a) and manner as stated.  HED (Month, Day, Year)



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN	_	1 00418
1. DECEDENT'S NAME (First, Middle, Last)	a/k/a Addie				2. DATE OF OEATN		3. TIME OF DEATN
ADDIE L	WHEELER				1 8	92	4 3:PM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
210 30 1051	<sup>1</sup> □ M <sup>2</sup> X F 65	YRS.	ONTHS DAYS	HOURS MIN.	2/10/28		orth Carolin
9a. FACILITY NAME (If not institution, give stre		9	b. CITY, TOWN	OR LOCATION OF DE	ATN	9c. COUNTY	OF OEATN
ST. AGNES HOSPIT	AL		Balt	imore		n/a	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY
Maryland Balt	imore		E111	cott Ci	tv		LIMITS?
10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
760 Oella Avenu	.e			21043		USA	
	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		13. WAS DEC	ENDENT OF NISPANI	C ORIGIN? (Specify Yes	or No 14.	RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	, HO		ecify Cuban, Maxican NO Specify:			Specify: White
15. OECEDENT'S EDUCA	TION		<u> </u>		To a second		
(Specify only highest grade of	ompleted)	Give kind of wor to. Do NOT use i	SUAL OCCUPATION  * done during monetimed.)	DN st of working	16b. KIND OF BU		
Elementary/Secondary (0-12)	College (1-4 or 5+)		Staf	F	Howard		
17. FATHER'S NAME (First, Middle, Last)			5002.		ME (First, Middle, Maiden		rrections
(unknown)	Storey				Gertrude		rell
19a. INFORMANT'S NAME (Type/Print)		96. MAILING A	OORESS (Street a		oute Number, City or Tow		
Mr. Robert L. W	heeler, Sr.						MD 21043
20a. METNOD OF DISPOSITION  XIXBurlel 2 □ Cremetton 3 □ Remov			DISPOSITION (Na				or Town, State
4 Donation 5 Other (Specify)	Mead		ce Mer	norial ]	Phr. 1-12	-94	Elkridge. MI
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		T 22. NAME AP	ID ADDRESS OF FAC	eral Hom		
Walle Age	uel	M0053					
			P ET.	licott (	City, Ma	rylan	d 21043
23. PART i. Enter the diseases, or co	emplications that caused the dist only one cause on each list	laath. Do not		licott ( da of dying, such	City, Ma	rylan	, Approximata
23. PART i. Enter tha diseasea, or co ahock, or haart failure. Li IMMEDIATE CAUSE (Finel	iat only one cause on each lin	leath. Do not	entar tha mo	da of dying, such	aa cardiac or reapi	ratory arreat	d 21043 Approximata Interval Between Onset and Death
anock, or heart failure. Li	iat only one cause on each lin	leath. Do not	entar tha mo	da of dying, such	aa cardiac or reapi	ratory arreat	Approximata Interval Between
iMMEDIATE CAUSE (Finel disease or condition	at only one cause on each line	teath. Do not	entar tha mo	da of dying, such	no cardiac or reapi	ratory arreat	Approximata Interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	at only one cause on each line	teath. Do not	entar tha mo	da of dying, such	no cardiac or reapi	ratory arreat	Approximata Interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediata	iat only one cause on each lin	teath. Do not	entar tha mo	da of dying, such	no cardiac or reapi	ratory arreat	Approximata Interval Between
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immediate cause. Li immediate cause. Enter UNDERLYING	at only one cause on each line	leath. Do not lee.  He My course of:  OV ON EQUENCE OF:	entar tha mo	da of dying, such	no cardiac or reapi	ratory arreat	Approximata Interval Between
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iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (OR AS A CONSIDUE TO (O	Teath. Do not not not not not not not not not no	the underlying  28. PL  DTHER:  Nursing Hom  DF  WO  1   1   1	da of dying, such  likel J  dayley //  g ceuse given in F  Finalus  ACE OF DEATH (Check  6 5   Residence 6  URY AT  RK?  KES 2   NO	Part i. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) 28d. OESCRIBE NOW II	AUTOPSY IMEO?  NO  NJURY OCCUR	Approximata Interval Between Onset and Death    / / / / /
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iMMEDIATE CAUSE (Finel disease or conditions resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide a Could not be determined	DUE TO (OR AS A CONSIDUE TO (O	Teath. Do not not not not not not not not not no	the underlying  28. PL  THER:  Nursing Hom  NY  M  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	da of dying, such  likel J  dayley //  g couse given in F  Fallice  ACE OF DEATN (Check  5   Rasidence 8  URY 7 (ES 2   NO  and place, and due to	Part i. 24a. WAS AN PERFOR 1 YES 2  Ck only one)  3 Other (Specify)  28d. OESCRIBE NOW II  City or Town, State)	AUTOPSY MEO?  NO  NJURY OCCUR	Approximata Interval Between Onset and Death
iMMEDIATE CAUSE (Finel disease or conditions resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide a Could not be determined	DUE TO (OR AS A CONSIDUE TO (O	Teath. Do not not not not not not not not not no	the underlying  28. PL  THER:  Nursing Hom  NY  M  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	da of dying, such  likel J  by Fcy //  g ceuse given in F  Fauluse  ACE OF DEATN (Che  5	Part I. 24a. WAS AN PERFOR 1 VES 2  Other (Specify)  286. OESCRIBE NOW II  City or Town, State)  o the cause(a) and mar ime, data and place, an	AUTOPSY IMEO?  IN NO  NJURY OCCUR  and Number or F	Approximata Interval Between Onset and Death
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iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation investigation a Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	DUE TO (OR AS A CONSIDER TO (O	resulting in 200 Tinyura some, farm, streeth occurred or investigation,	the underlying  20. PL  THER:  Nursing Hom  No  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	da of dying, such  likel J  by Fcy //  g ceuse given in F  Fauluse  ACE OF DEATN (Che  5	Part I. 24a. WAS AN PERFOR 1 VES 2  Other (Specify)  286. OESCRIBE NOW II  City or Town, State)  o the cause(a) and mar ime, data and place, an	AUTOPSY IMEO?  IN NO  NJURY OCCUR  and Number or F	Approximata Interval Between Onset and Death

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

THE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

31. DATE FILED (Month, Day, Year)

JAN 1 1 1994

18.87 - 3.

(3	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DR ATTENDING	DIRECTOR: After	hours after death	RTANT: If Item 28 is marked, or item
THE HOSPITAL	THE PUNE	filed within 72	PORTANT

	1. DECEOENT'S NAME (First, Middle, Last)				REG. NO.  2. DATE OF DEATH MONTH DAY	3. TIME OF DEATN
	Walter L.		LSON n vrs. last birthdav)   IF L	ance duran	January 9, 19	
	2/5-09-2337	1 ⊠ M 2 □ F	73 YRS. MON		7. DATE OF BIRTN (Month, Day, Year) 9-3-/920	a. BIRTHPLACE (State or Foreign Country)
TOR	Franklin Squa  RESIDENCE OF DECEDENT		9b.	Baltimore		ounty of death ltimore
DIRECTOR	10e. STATE 10b. COUNTY			wn or location timo ne		10d. INSIDE CITY LIMITS? 1. ✓ YES 2 NO
	10e. STREET AND NUMBER		I Duz	101. ZIP CODE	10g. C	ITIZEN OF WHAT COUNTRY?
FUNERAL	4406 Anntana A			21206		U.S.A.
ВУ	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF NISP/ If yes, specify Cuban, Maxis 1 TYES 2 NO Speci		14. RACE — American Indian, Black, Whita, atc. Specify: White
ETED.	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION		lone during most of working ed.)	16b. KIND OF BUSINESS/II	
COMPL			Salesm	an	Lord Ba	ltimon Laundn
BE COI	17. FATHER'S NAME (First, Middle, Last) Edward Wilson			The state of the s	AME (First, Middle, Maiden Surname). e D. Morgere	
10	190. INFORMANT'S NAME (Type/Print)  Mrs. Kathy L.	Wilson			Balto. Nd 2	
	20e. METHOD OF DISPOSITION  1 Description   Description		PLACE AND DATE OF DIS	SPOSITION (Name of lace)	DATE 20c. LOCATION	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	Any th		d Mem. Cem. 22. NAME AND ADDRESS OF P Hartley Mi 7527 Harto	Ller Funeral nd Rd. Balto.	,
	23. PART i Enter the diseases, or c	omplications that caused list only one cause on es	the deeth. Do not e			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			e heart failu	re	Onset and Dast
NO	Sequentially list conditions,	Cardiomyo				
CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Renal fai				
SERTI	resulting in death) LAST	ı				
MEDICAL	Aortic valve r		ut not resulting in th	e underlying cause given i	Part i. 24a. WAS AN AUTOPS PERFORMED? 1 TYES 2 TO NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
_						1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (C HER: Nursing Name 5 - Residence	11	•
		28e. DATE OF INJURY	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW INJURY O	OCCUREO
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	(Month, Day, Year)		I LES 2 INO		
	1 Natural 5 Pending		— At home, farm, street		281. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,

9000 Franklin Square Drive, Baltimore, MD 21237

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

Dr. Khalid Malik
31. DATE FILED (Month, Day, Year)
JAN 1 1 1994

AND THE REAL PROPERTY.

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		HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires
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		rst, Middle, Last)		EDED					2.	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	WILLIAM	R		EBER						JANUARY	7,199		8:40 a.m
	4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs. is		IF UNDER 1 Y	EAR DAYS	HOURS M	RS 7.	DATE OF BIRTH (Month, Day, Year)		Countr	
	2/5-/6- 90. FACILITY NAME (# not		1 € M 2 □ F	71	YRS.	AL OUT!	21401 0			5-17-1			NanyLand
CTOR	THE JOHNS			AL				RE CIT			9c. COU	NTY OF D	EATH
ECT	RESIDENCE OF DE	10b. COUNT			L soc on	TY, TOWN OR L							Last mains aim
DIRE	Md	1000	timore			altim							10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	10e. STREET AND NUMBE		Comone	-		uz c cm	7	ZIP CODE			10g, CITI	IZEN OF V	WHAT COUNTRY?
ER/	5513 Sun	nmenti	eld Ave	2.				21206			U	.5.+	4.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Statement   Direction   Direc	☐ Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. A 1 YES 20 WAR OR DATES	RMED NO	If ye	S DEC	ENDENT OF H	SPANIC ( exican, P	ORIGIN? (Specify Ye werte Rican, etc.)		14. RACE	E - American Indian, k, White, etc. Hy: White
ED E	15. DE	ECEDENT'S EDU		16a. D	ECEDENT'S	S USUAL OCCU	UPATIO	ON .		16b. KIND OF BU	ISINESS/INC	DUSTRY	
H	Elementary/Secondary	only highest grade (0-12)	College (1-4 or 5	+)	_	work done during retired.)		st of working		/ C.2752			
COMPLET					Supe	rviso	n			Ware	house	e	
_	17. FATHER'S NAME (First,	Middle, Last)					1			(First, Middle, Meide	Sumeme)		
B	Unknown 190. INFORMANT'S NAME	(Type/Print)			Oh MAII ING	G ADDRESS (S	Street o		kno	W Number, City or To	un Chata 7in	Codel	
5			Rathe		33					1+0. M			,
	20a. METHOD OF DISPOS	SITION		20b. PLACE	E AND DATE	OF DISPOSITIO			100	OATE 20c. L	DCATION —	City or To	own, State
	⊅Departer 2 Cremat 4 Donation 5 Oth	ner (Specify)		Cemetery, ci	rematory or o	other place)	m		1	111194	Ral.	0 1	nd.
	21. SIGNATURE OF FUNES	RAL SERVICE LI	CENSEE			22. NAI	ME AN	D ADDRESS C	F FACILI	tv	1	li .	766
	Com	D. St.	meth			75	クラ	Hant	LLL	eg ryn	gral	non	ne 21234
	and the state of t			at caused the d	leeth Do								
	shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	haart fallure. Finel	List only one ce	use on each lin	thmic	not enter the				a cerdiac or reas			Approximate Interval Betwood Onset and D
ERTIFICATION	shock, or IMMEDIATE CAUSE (F disease or condition	ditions, neclate LYING niury	a. Cardy Due To Due To Due To	c any	HIMIL EQUENCE C USION EQUENCE C	OF):							Approximate Interval Betwood Onset and D
MEDICAL CERTI	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	filtions, nedlate LYING along	a. Card W. Due To Due To Due To Due To d.	C CMU- O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	HIMIL EQUENCE C COUENCE C	OF):	e mod	de of dying,	auch a	a cerdiac or reag	N AUTOPSY RMED?	rest,	Approximate Interval Betw Onset and D. 12 hr. 1 week
MEDICAL CERTI	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ditions, nedlate VING nijury	a. Card W. Due To Due To Due To Due To d.	C CMU- O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	HIMIL EQUENCE C COUENCE C	OF):	e mod	de of dylng,	n In Par	a cerdiac or real	N AUTOPSY RMED?	rest,	Approximate Interval Betw Onset and Do 12 hr. I week
MEDICAL CERTI	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifications	ditions, nedlate VING nijury	B. Cardy Due to b. Due to c. Due to d	O (OR AS A CONSI	HIMIC COLUMN COL	OTHER:	eriying	de of dying,	n In Par	a cerdiac or real	N AUTOPSY RMED?	rest,	Approximate Interval Betwoonset and De 12 hr. I week
MEDICAL CERTI	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifications are successed in the condition of the	ditions, nedlate VING nijury	DUE TO  DUE TO	O (OR AS A CONSI	HIMILE COURNES	OFF):  OFF):  OFF):  OTHER: 4   Nursing ME OF   28	e moderning and selection of th	ace of dying,  cause give	n In Par	a cerdiac or real	N AUTOPSY RMED? 2 □ NO	24b	Approximate Interval Betwoonset and De 12 hr. I week
PHYSICIAN: MEDICAL CERTI	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnifications are supported by the cause of the cause o	ditions, nedlate VING nijury	DUE TO  DUE TO	O (OR AS A CONSI	HIMILE COURNES	OF):  OF):  OF):  OF):  OTHER: 4   Nursing MUNRY   28	e modern	g cause give	n in Par	a cerdiac or real	N AUTOPSY RMED? 2 □ NO	24b	Approximate Interval Betw Onset and Do 12 hr. I week
ED BY PHYSICIAN: MEDICAL CERTI	IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	ditions, nedlate LYING sijury AST Cant condition To MEDICAL	B. Cardway Due To Due T	O (OR AS A CONSI	HIMILE COURNER	OF):  OF):  OF):  In the unda  OTHER: 4   Nursing ME OF JURY M	26. PL g Home	ACE OF DEATI  S 5 Reside  URY AT  RK?  CES 2 No.	n In Par	a cerdiac or real	N AUTOPSY RMED? 2 □ NO	24b	Approximate interval Betw Onset and D. 12 hr. 1 week
ETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident 3 Suicide a   4 Homicide  29e. CERTIFIER (Check only)	D TO MEDICAL  Pending Investigation  Could not be determined	B. Cord W. DUE TO DUE D	OF INJURY— At h, etc. (Specify)	HIMILE COURNER	OTHER: 4   Nursing ME OF JURY M street, fectory,	26. PL g Homes L INJ 1 J 7, office	ACE OF DEATI  5 Reside  URY AT  (ES 2 Ne	n In Par H (Check	a cerdiac or real  it i. 24a. WAS AI PERFO  1 2 YES  Only one)  Other (Specify)  Id. DESCRIBE HOW  II. LOCATION (Street City or Town, State	N AUTOPSY RMED? 2 NO INJURY OC	24b CURED r or Aural fi	Approximate Interval Betw Onset and Do I 2 hr. I week I were autopsy finding Analable Prior to Completion of cause of Death?  1 Yes 2 No
ED BY PHYSICIAN: MEDICAL CERTI	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident 3 Suicide a   4 Homicide  29e. CERTIFIER (Check only)	cant condition  Pending investigation  Could not be determined  ENTIFYING PHYSE  EDICAL EXAMINE	B. Card W. Due To Due T	OF INJURY— At h, etc. (Specify)	HIMIL EQUENCE C L'SAN EQUENCE C EQUENCE C  TOSUITING  3 DOA 28b. Till IN Tome, ferm,	OTHER: 4   Nursing ME OF JURY M street, fectory,	26. PL g Homes L INJ 1 J 7, office	ACE OF DEATI  5 Reside  URY AT  (ES 2 Ne	n In Par  H (Check the case of	a cerdiac or reag  It i. 24a. WAS AI PERFO  1 2 YES  Only one)  Other (Specify)  Id. DESCRIBE HOW  II. LOCATION (Street City or Town, State  the cause(e) and ma	N AUTOPSY RMED? 2 NO INJURY OC. end Number phone stell	24b CURED r or Rural fitted,	Approximate Interval Betw Onset and Do I 2 hr I week

		. Pages 1, 2, 3 should
020	physician.	burial-transit permit
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
TIMORE, MA	1. Page 6 may be reta	iral director, page 5 st
BAL	fter death	the fune

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LACOHDS, P.O. BOX 68760,	leath certificate be executed within
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PVELA	he
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-	5

any injury, or other traumatic event, the medical examiner must be notified at once.

In eath certificate be executed within Jours after death. Page 6 sea attending physician and completely filled in by the funeral direct that Hydlene prior to burfal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate in the filed within 72 hours after death with the State to DIVISION OF VET

IMPORTANT: If Item 28 is marked, or Item 23 more

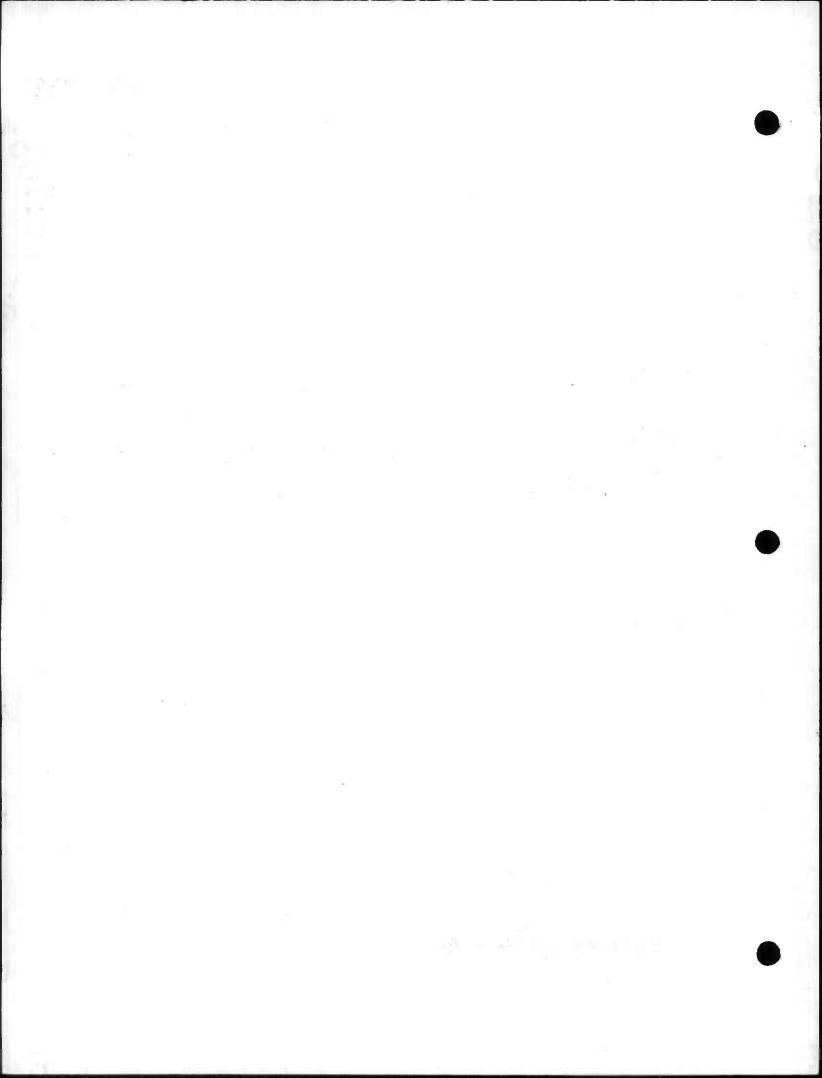
STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	H		REG NO

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H			GIENE i. NO.	94 0042
1. DECEDENT'S NAME (First, Middle, Last)	dna V.	Willia	ms		2. DATE OF DEA MONTH Jan. 6	DAY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-10-6102		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTY (Month, Day, W	fH 8.	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give s 1706 S. Charle	treet and number)	00	Balto	City, N	EATH	9c. COUNTY	faryland OF DEATH
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	1		y, TOWN OR LOCAT				10d, INSIDE CITY
Maryland			lto.Cit	ZIP CODE		10g. CITIZEN	1 YES 2 □ NO
1 / 06 S  11. MARITAL STATUS  1 Never Married 2 Married	Charles S  12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Spec	Ify Yee or No- 14.	ed States RACE — American Indian, Black, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES A	1 - YES	2XXXIO Spec	fly:		Specify: White
(Specify only highest grade Elementary/Secondary (0-12) 8th.Grade	College (1-4 or 5+)  NONE	(Give kind of v	vork done during mo:	nt of working		n, Law	
17. FATHER'S NAME (First, Middle, Last) Charle	s E. Vol			Mary	AME (First, Middle, A	- Do	wny
190. INFORMANT'S NAME (Type/Print) Mr. Donald R. Wi						or Town, State, Zip Co OWie, Md	
20a, METHOD OF DISPOSITION 1 Description   1 Donation   2 Cremation   3 Rem		metery, crematory or of Holy Cr	OF DISPOSITION (Na	me of	DATE 2	A.A.CO	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	Q-1/6	regler	22. NAME AN	D ADDRESS OF F	ACILITY		4d.21230 D E.Fort Av
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF	<del>ገ</del> ።	ovisle.	en o	lisen	2
PART II. Other significent condition	s contributing to deeth	but not resulting i	in the underlying	ceuse given in	P	MS AN AUTOPSY ERFORMED? /ES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (C	heck only one)		
1 TYSS 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Hom E OF 28c, INJ URY WO	JRY AT	8 Other (Specific 26d, DESCRIBE	(y) HOW INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, a	street, factory, office		28t, LOCATION (: City or Town,	Street end Number or Stete)	Rural Route Number,
one!	CIAN: To the bast of my kno						ause(e) end manner ee stated.
296. SIGNATORIE AND TITLE OF CERTIFIER	Topal			29c. LICENSE NU DU GO	IMBER 120	29d. DATE S	2/5 %
1228 South	Charles S	7- ( Del	Fin	MI	212.30	)	/
JAN 10 1994	32. REGISTEAR S SIG	NATURE					

(	0	DIVISION OF VITAL RECORDS, P.O. BOX 68760
-	K	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within er hours after death. Page 6 mis
Į	)	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
	1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
1		INDOCTANT: If item 28 is marked or item 23 shows any injury or other trainmatic event the medical eventual must

1	FOR STATE STATE REGISTRAR	E OF MARYLAN		TMENT OF		MENTAL	REG. NO.	9	4	0042	2
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM			WE	EDEN CK	2. DATE MONTH	OF DEATH DAY	ye 9.4	AR	ime of death	1
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M M	20F 61	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS			P BIRTH Day, Year)			E (State or Foreig	jn
TOR	9a. FACILITY NAME (If not institution, give street and n 2823 RIGGS AVE RESIDENCE OF DECEDENT	umber)			ORE CITY	EATH		9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y TOWN OR LOC						INSIDE CITY LIMITS? YES 2   NO	)
FUNERAL	100. STREET AND NUMBER 2823 Riggs AVE				10f. ZIP CODE 2/3/6		1	10g. CITIZEN			
BY FUN	1 Never Married 2 Married FOR	DECEDENT EVER IN U.S DEST 1 1 YES 2 SS, GIVE WAR OR OATES	NO	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 NO Specif	n, Puerto R			RACE — A Black, Wh Specific		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed	164	(Give kind of a	USUAL OCCUPA work done during se retired.)	nost of working	16b.	KIND OF BUSH	1	/ -		
ē l	17. FATHER'S NAME (First, Middle, Last)	4 1	7 . /		16. MOTHER'S NA	ME (First, N	liddle, Majden Su	ımame)			
10 BE	WILLIAM WEEDS  19a ANFORMANT'S NAME (Type/Print).  Mary Tind dead		19b. MAILING	ADDRESS (Stree	SAM P	Aoute Numb	ey Sity or Town.	- 7 7 -		1216	_
	20s. METHOD OF DISPOSITION  1 Serial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)		, crematory gro	OF DISPOSITION	Name of Fors	OATE OATE	A .	TION — City	or Town, S	State K.S.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Clase		22, NAME	AND ADDRESS OF FA	CILITY &	WALCA.	20 14	ge .	, 10.	
CERTIFICATION	immediate cause (Fine disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	NCER OF PADUE TO (OR AS A CO	NSEQUENCE O	F): F):						intarvel Betw Onset and D	
MEDICAL	PART II. Other eignificent conditione contrib	outing to death but r	ot reculting	in the underly	ing ceuse given in	Part i.	24a. WAS AN AI PERFORM  1 VES 2 5	ED?	COM OF 0	E AUTOPSY FINDI LABLE PRIOR TO IPLETION OF CAUS DEATH?  YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (Ch	eck only on	p)				_
N N	1 X YES 2 NO 1 Inpu	itient 2 - ER/Outpatier			ome 5 Residence		* * * * * * * * * * * * * * * * * * * *				
PHY	1 Natural 5 Pending 2 Accident Investigation	. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY \	NJURY AT YORK? YES 2 NO	28d. OEŞ	CRIBE HOW INJ	URY OCCURE	ED		
	- House	PLACE OF INJURY -	At home, farm,	street, factory, of	lice		ATION (Street and or Town, State)	d Number or R	lural Route	Number,	
ED BY	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)							_		_
ED BY		he best of my knowledg							use(a) and	manner as state	id.
COMPLETED BY	4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To a	he best of my knowledg				time, date	and place, and				id.
O BE COMPLETED BY	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To to the MEDICAL EXAMINER: On the	he best of my knowledge basis of examination en	d/or investigatio	on, in my opinion	death occured et the	time, date	and place, and	due to the ce		th, Day, Year)	id.

DHMH-16 Rev 1/89



3. TIME OF DEATH

YEAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

Julian Edward Anderson January 1994 7. DATE OF BIRTH (Month, Day, Year S. SEY 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 69 472-20-2358-A 1 X M 2 F YRS. August 5. Minnesota Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 222 Tyrone Circle Baltimore Baltimore RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO permit. 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 222 Tyrone Circle use as the burial-transit 21212 United States retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White World War II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Administrator American Red Cross 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Ole Edward Anderson BE Julia Nordgulen funeral director, page 5 should 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mary Lee Baker Anderson Tyrone Circle Baltimore, MD 21212 urs after death. Page 6 may be must be 20a. METHOD OF DISPOSITION
1 □ Burial 2 ※ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland Greenmount Crematory 1/11/94 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. Robert M. Kratz ion, or removal. 6500 York Rd. Baltimore, MD 21212 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finsi the cremation. diseese or condition completely DUE TO (OR AS A CONSEQUENCE OF) resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, burial, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION the attending physician and Mental Hygiene prior to bur Sequentially list conditions, Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events that the death certificate be or other DUE TO (QR AS A CONSEQUENCE OF): resulting in deeth) LAST Injury, the PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL 24a. WAS AN AUTOPSY signed by the shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO 10 PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER! certificate I HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) 4 - Nursing Ho 10 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this c marked, 5 Pending Investiga 1 Natural E FUNERAL DIRECTOR: After this dithin 72 hours after death with 172 hours after death with 184 hours 18 is market 1 YES 2 NQ BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Chack and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIQNED (Month, Day, Year) BE H Pa brulling 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, Charles F. O'Donnell, M.D. -31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE IAN 12 1994

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VISION OF VIT	
DIVISION OF VIT	
DIVISION OF WITH RECORDS, P.O. BOX 687	
DIVISION OF VIT	THE MOCEITAL OF ATTENDING DAYSICIAL

is that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.

Include by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR. After this cert be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or

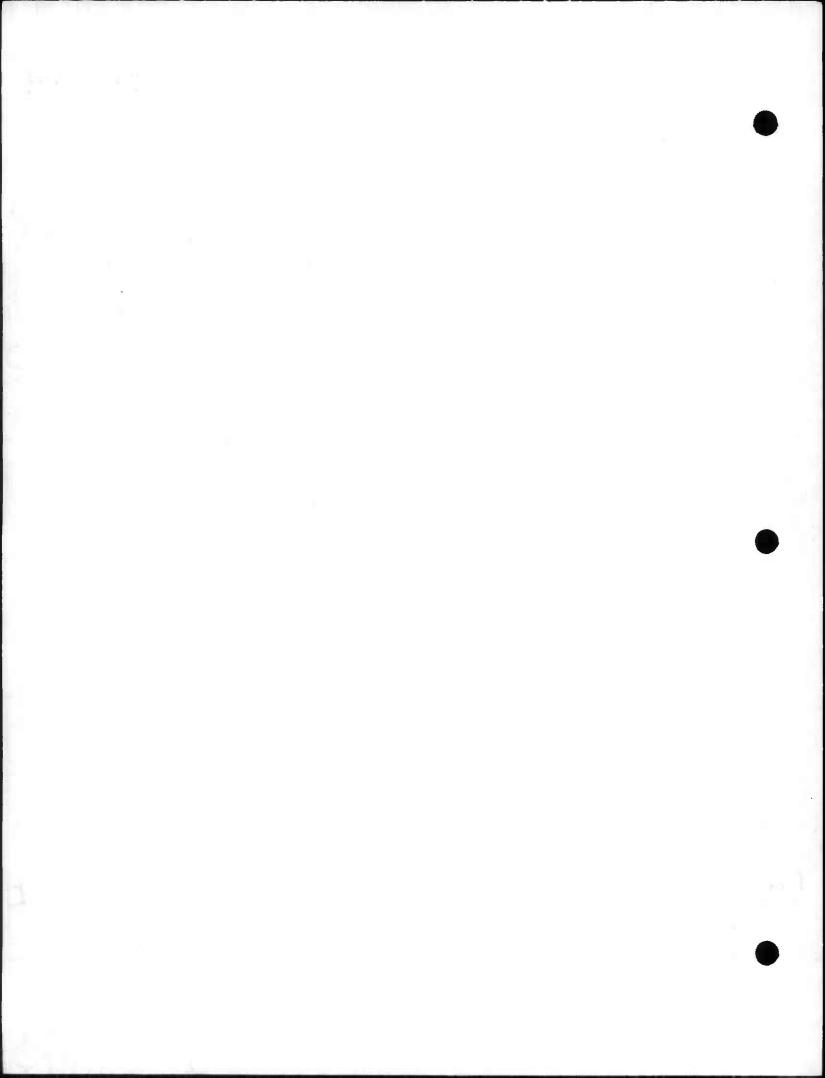
00424 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR	STATE OF MARY		ICATE OF	DEATH		REG. NO.		9	4 004
1. DECEDENT'S NAME (First, Middle, Li	est)		E		2. DATE	OF OEATH	/ Y	EAR	3. TIME OF DEATH
MAMIE	W		ANTHONY		01	0	9 9	)4	08:16 AM
4. SOCIAL SECURITY NUMBER 141-16-3996	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH h, Day Year) -22-15		Country	PLACE (State or Foreig
9a. FACILITY NAME (If not institution, g.	Λ.	78 YRS.	Oh CITY TOWN	OR LOCATION OF D	_	-22-15	9c. COUNTY		ryville,
NORTH ARUNDEL	HOSPITAL ASSO	OCIATION		N BURNIE	ZAIH				COUNTY
RESIDENCE OF DECEDENT 10e. STATE 10b. COL		10c. CIT	Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
					nton				1 TYES 2 NO
1841 Huntover	Dr		10	or. ZIP CODE	113				HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPA	NIC ORIGI			RACE	- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES		pecify Cuban, Mexic S 2 NO Speci		Rican, etc.)		Specif	Black
15. DECEDENT'S (Specify only highest g		(Give kind of a	USUAL OCCUPAT	ION lost of working	168	. KIND OF BUSI			
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us		10					
17. FATHER'S NAME (First, Middle, Last)			Homemake	1a. MOTHER'S N.	AME (Elm)	Middle Mains 6	Sumamal		
t and mond, client	Unknown			IE. MOTHER S R.		nna Wil			
19e. INFORMANT'S NAME (Type/Print)	JIKIIJWII		ADDRESS (Street	and Number or Rural					
Joan E	lliott		Huntove			ton, Ma			21113
20a. METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 F		0b. PLACE AND DATE			DAT	E 20c. LOC	ATION — City		
4 Donation 5 Other (Specify)		emetery, cremetory or o				1/94	Pleas.	ant	ville, N
N. DIGINATURE OF PRINCIPLE REPUBLIC	COMPANSE II								
IMMEDIATE CAUSE (Finel disease or condition	or complications that ceusere. List only one ceuse on	each line.	F.H.	^	Non:	th Ave.	Bal	to.	Approximate Interval Betwoonset and D
23. PART i. Enter the disease, ahock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications that cause re. List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE OF	F.H. not enter the m	1206 W. Ode of dying, sur	Nor-	th Ave.	Bal	to.	Md. 212 Approximate Interval Betw
23. PART I. Enter the disease, ahock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications that cause re. List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE OF	F.H. not enter the m	1206 W. Ode of dying, sur	Nor-	th Ave.	Ballatory arrest	to.	Md. 212 Approximate Interval Betw Onset and D
23. PART I. Enter the disease, shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant conditions, if any capacity is a conditional conditions. The capacity is a conditional conditions of the capacity in the capacity is a conditional capacity in the capacity in the capacity is a capacity in the capacity in the capacity in the capacity is a capacity in the capacity in the capacity in the capacity in the capacity is a capacity in the capa	or complications that ceusere. List only one ceuse on a. The purity of t	A CONSEQUENCE OF	F.H. not enter the m F: F: In the underlyin	1206 W. Ode of dying, sur	North as certification of the Part I.	th Ave.	Ballatory arrest	to.	Approximate interval Betwoen and D  WERE AUTOPSY FINDIANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	or complications that cause re. List only one cause on DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO TO TO TO TO TO TO TO TO TO TO TO TO	A CONSEQUENCE OF	F.H. not enter the m F): F): In the underlying 28. F	1206 W. ode of dying, sur PNEUZ	Non-	24a. WAS AN / PERFORI 1 UYES 20	Ballatory arrest	to.	Approximate interval Betwoen and D  WERE AUTOPSY FINDIANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the disease, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the	or complicationa that cause re. List only one cause on a	A CONSEQUENCE OF A CONS	F.H.  not enter the m  F:  F:  F:  OTHER: 4 □ Nursing Hotel	1206 W. Ode of dying, sur PARTY  THE CONTRACT OF DEATH (C	Non-	24a. WAS AN / PERFORI 1 UYES 20	Ballatory arrest	24b.	Approximate interval Betwoen and D  WERE AUTOPSY FINDIANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the disease, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition of the conditions of the	or complications that causers. List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (O	each line.  A CONSEQUENCE OF A CONSEQUEN	F.H.  not enter the m  F:  F:  The in the underlying the second of the s	1206 W. ode of dying, sur PACEUS  The Course given in PLACE OF DEATH (C) THE S Residence USURY AT ONK? YES 2 NO	Non-	24a. WAS AN / PERFORM 1 YES 20	Ballatory arrest	24b.	Approximate interval Betwoen and D  WERE AUTOPSY FINDIANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the disease, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions, in the conditions of the condition of the conditions of the	or complications that causers. List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (O	each line.  A CONSEQUENCE OF A CONSEQUEN	F.H.  not enter the m  F:  F:  The in the underlying the second of the s	1206 W. ode of dying, sur PACEUS  The Course given in PLACE OF DEATH (C) THE S Residence USURY AT ONK? YES 2 NO	Non- ch as cert  y 5 /   Part I.  heck only on 28d. DE	24a. WAS AN / PERFORM 1 YES 20	Ballatory arrest	24b.	Approximate interval Betwoen and D FALS  WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
23. PART I. Enter the disease, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	or complications that causers. List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (O	each line.  A CONSEQUENCE OF A CONSEQUEN	F.H.  not enter the m  F):  F):  F):  OTHER: 4   Nursing Honite OF   28c. IN URY M 1   1   1   1   1   1   1   1   1   1	1206 W. ode of dying, such a such as the s	Non- ch sa cert  y 5 /   Part I.  heck only on  8  Other 28d. DE	24a. WAS AN / PERFORM 1 YES 20  ATION (Street at or Town, State)	Ballatory arrest	to.	Approximate Interval Betwoen and D Service Ser
23. PART I. Enter the disease, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	or complications that ceusere. List only one ceuse on a	each line.  A CONSEQUENCE OF A CONSEQUEN	F.H.  not enter the m  F):  F):  F):  OTHER: 4   Nursing Honite OF   28c. IN URY M 1   1   1   1   1   1   1   1   1   1	1206 W. ode of dying, such a s	No proch sa cern  The sa cern  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.	24a. WAS AN / PERFORM 1 YES 20  ATION (Street at or Town, State)	Ballatory arrest	to.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 No
23. PART i. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions, in the conditions of the cause of the caus	or complications that ceusere. List only one ceuse on a	each line.  A CONSEQUENCE OF A CONSEQUEN	F.H.  not enter the m  F):  F):  F):  OTHER: 4   Nursing Honite OF   28c. IN URY M 1   1   1   1   1   1   1   1   1   1	1206 W. ode of dying, sur PAZERZ  Ing ceuse given in PLACE OF DEATH (C  INC  INC  INC  INC  INC  INC  INC  I	Non- ch as cert  / S  Part I.  heck only on 8  Other 286, LOCCity as to the case time, date	24a. WAS AN / PERFORM 1 YES 20  ATION (Street at or Town, State)	Ballatory arrest	to.	Approximate Interval Betwoen and D Service Ser

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age 6 may be retained by the hospital or attending physician.	I for use as the burial-transit permit. I		
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age 6	directo		
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Nour	lled in	1, Or r	-
ENDING PHYSICIAN: The law requires that the death certincate be executed within Flour's after death. Pag	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	h the State Dept. of Health and Mental Hygiene prior to burial, cremation	to the northed or them 22 shows any injury or other bounds or made the medical available to account
ING PHY	After this	feath with	market
ALTEN	CTOR	after (	00 10
AL OR ATTEN	L DIRE	2 hours	I lane
et.	4	12	- 2

FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIEN		4 00425
1. DECEDENT'S NAME (First, Middle, Last)	KINOSI				2. DATE OF DEATH MONTH D	- 1994 YEAR	3. TIME OF DEATH  5,25 A
4. SOCIAL SECURITY NUMBER 151-24-2182		MGE (In yrs. last birthday) 97 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT 17,1	8. BIF	THPLACE (State or Foreign Intry) IUNGARY
94. FACILITY NAME (If not institution, give s LEVINDALE	treet and number)		96. CITY, TOWN BALTIM	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  MARYLAND	Y		TY, TOWN OR LOCAL	ATION			10d. INSIDE CITY LIMITS?  1 K YES 2 NO
100. STREET AND NUMBER 2500 W BELVEDERE	AVE, APT.	817	.1	21215		USA	F WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 NO	It yee, s		NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	Bi	ACE — American Indian, ack, White, etc. HTTE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)					16b, KIND OF BU	ISINESS/INDUSTRY	, , , , , , , , , , , , , , , , , , , ,
17. FATHER'S NAME (First, Middle, Lest) MOSHE AARON MARE	KOWITZ			18. MOTHER'S NA	AME (First, Middle, Malden EL	Surname)	
190. INFORMANT'S NAME (Type/Print) MRS ROSLYN COHEN					Aoute Number, City or Tow DR BALTO	vn. State, Zip Code) MD 212	
20e METHOD OF DISPOSITION  A Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		cemetery, crematory or c	PARK	/9/94	RA	DCATION — CHY OF	
21. SIGNATURE DE FUNERALA SERVICE LIC	LIV		SOL I		& BROS., I	NC. BALTO., 1	MD 21215
23. PAN 1. Enter the diseasea or allock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. COY DUE TO (OR	AS A CONSEQUENCE O	orlmon,	my our	est	oliratory arrest,	Approximate interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. C'OV.  DUE TO (OR  DUE TO (OR	diac or as a consequence o v Sc (cr) 2 c as a consequence o	r Hugns 181: Con	diae o	liseasu		
PART II. Other algorificant condition  Gangsinor  Diabetes	ma contributing to dea	th but not resulting	in the underlyle	ng cause given in	Part i. 24e. WAS AN PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2. NO	HOSPITAL:	Outpetlent 3 000	OTHER:	PLACE OF DEATH (C	heck only one)  6  Other (Specify)		
27. MANNER OF DEATH  1. Natural 5 Pending	28e. DATE OF INJR (Month, Day, Ye	JRY 28b. TIN	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF IN. building, atc.	JURY — At home, term, (Specify)	street, tectory, off	ce	281. LOCATION (Street City or Town, State	and Number or Run )	al Route Number,
000)	CIAN: To the best of my I						e(s) end manner es stated.
	arez	mp		29c. LICENSE NU	MBER 1902	29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH  31. DATE FILED (Month, Day, Year)  JAN 12 1994	O COMPLETED CAUSE O	SIGNATURE	e, Print)			7	



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

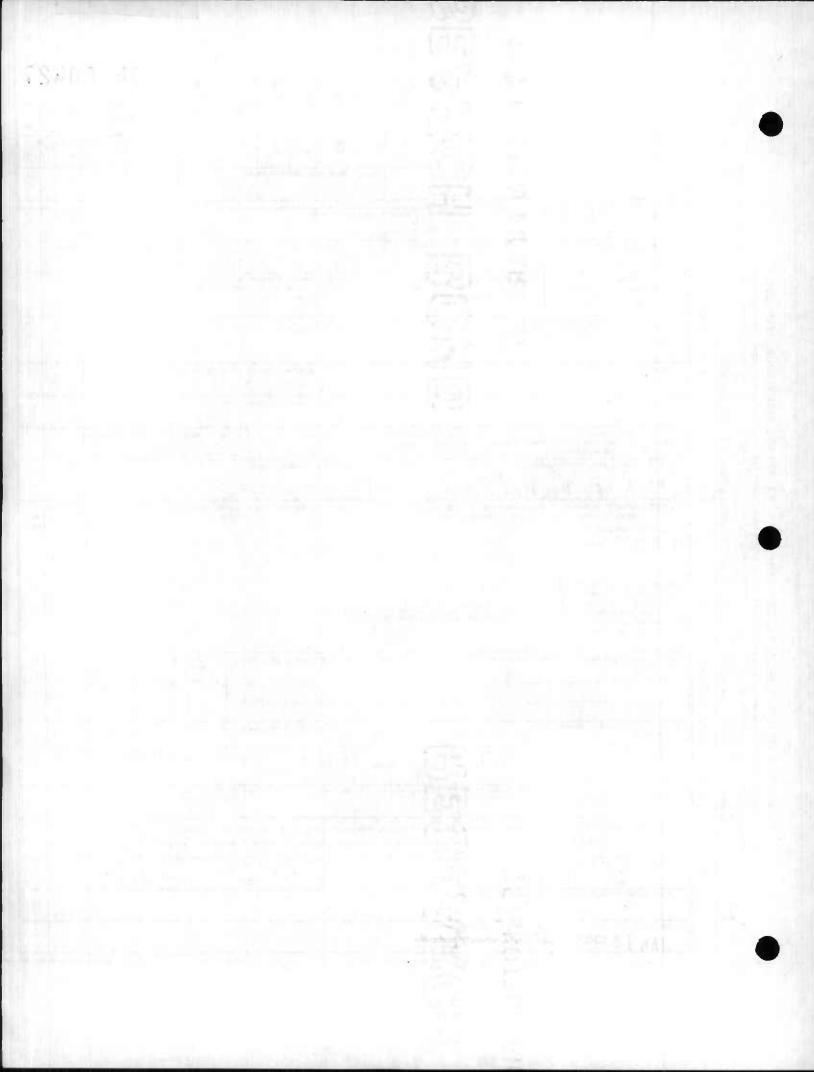
BALTIMORE, MARYLAND 21215-0020

HEGISTHAH		CENTI	FICATE	OF DEA		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Rita MARY		BAKER			2. DA	1-10-94	YEAR	3. TIME OF DEATH 7:23 P
4. SOCIAL SECURITY NUMBER 214-14-7043	5. SEX	6. AGE (In yrs. lest birthday		YEAR IF UNDER	Ment (Mc	TE OF BIRTH SHIP, 19, 1917	Coun	NPLACE (State or Foreign
PRANKLIN SQUARE I				TIMORE	ON OF DEATN	9	Baltim	
10a. STATE 10b. COUNT MARYLAND	Υ		ALTIMO					10d. INSIDE CITY LIMITS?  1 V YES 2 NO
100. STREET AND NUMBER 4901 LASALLE AVEN	IUE	- 55		101. ZIP COD 2120		1	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARMED YES 2 NO PAR OR DATES	H y	S DECENDENT ( res, specify Cubi  YES 2 X NO	n, Maxican, Puerl	GIN? (Specify Yea or to Rican, etc.)	Spec	E — American Indian, ck, Whita, etc. city: JHITF
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	) Ille. Do NOT	'S USUAL OCC of work done dur use retired.)	ing most of world	ng 1	66. KIND OF BUSIN		WITTE
17. FATNER'S NAME (First, Middle, Last)  CLARENCE	MOR	NINGSTAR		18. MOT	HER'S NAME (Firs	t, Middle, Maiden Sur		5
190. INFORMANT'S NAME (Type/Print)  JEANNE SCELSI	1,010	19b. MAILII		Street and Numbe	or Rural Route No	TIMORE,	State, Zip Code)	
20a. METHOD OF DISPOSITION  1V Burlal 2 Cremation 3 Ren		20b. PLACE AND DAT	E OF DISPOSITI	ON (Name of	D	ATE 20c. LOCAT	TION — City or T	own, State
21. SIGNATURE OF FUNERAL SERVICE LI	JOHN	E. DOLAN	LE	ONARD	SS OF FACILITY			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Left ve	arrhythmia (OR AS A CONSEQUENCE  ntricular of (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	of): lysfunc of):	ton				
Chronic obstruction coronary artery peripheral vasc	tive pulm disease	onary disea		irlying cause	given in Part I.	24s. WAS AN AU PERFORME 1 YES 2	ED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:		EATH (Check only			
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		NJURY	Bc. INJURY AT WORK?	100	DESCRIBE NOW INJU	URY OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE O building,	F (NJURY — At home, farm etc. (Specify)	, street, factory	, office		OCATION (Street and ity or Town, State)	Number or Rural	Route Number,
		my knowledge, death occurrently and/or investiga						a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	ischa	MO			35248	2	DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI Dr. Ritamarie Mo				Dr. B	altimore	e, Maryla	and 212	37
31. DATE FILED (Morith, Day, Year)  [AN 12 1994]		R'S SIGNATURE						

S	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	0	CERTIFIC	ATE OF D	EATH	2, DATE	REG. NO.		3. TIME OF DEATI
	YVONNE	BYRD				MONTH	I DA	0,1994	FAR
	4. SOCIAL SECURITY NUMBER 214- 38- 6392	5. SEX 6. AGE (In	53 YRS. M	ONTHS DAYS H	F UNDER 24 HRS. OURS MIN.	7. DATE (Month)	OF BIRTH Day, Year) - 18-	8.	BIRTHPLACE (State or For Country) MARYLAND
CTOR	99. FACILITY NAME (If not inetitution, give THE JOHNS HOPKI RESIDENCE OF DECEDENT			BALTIMOR				9c. COUNTY	n/a
DIRE	100. STATE 10b. COUN MARYLAND	n/a	10c. CITY, 1	BALTIMOF					10d. INSIDE CITY LIMITS? 1 XXES 2 .
FUNERAL	1528 N. PATTER	RSON PARK AVEI	NUE	101. ZI	21213			UNIT	ED STATES
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	\$\X\NO	13. WAS DECEN	DENT OF NISPAP by Cuben, Mexice	n, Puerto F	? (Specify Yea tican, etc.)	or No— 14.	RACE — American India Black, White, atc. Specify: BLACK
LETED	15. DECEDENT'S EC (Specify only highest grad Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 8 +)	life. Do NOT use n	k done during most o etired.)	of working	166.		INESS/INDUS	TRY
COMPLET	11 TH  17. FATNER'S NAME (First, Middle, Lest)  CLADENICE TRACE	ייי	UNE	MPLOYED	8. MOTHER'S NA		Aiddle, Maiden	Surname)	
TO BE	CLARENCE TRIC  190. INFORMANT'S NAME (Type/Print)  TONDRA BRUT			DORESS (Street and		Route Numb			TMORE, MD
	20s. METNOD OF OISPOSITION 1 Seuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		PLACE AND DATE OF I tery, crematory or other KING MEMO	PRTAL GA	ARDENS ADDRESS OF FA		15 R	ANDALL	STOWN, MD  NORTH AVEI
ATION	23. PART-1. Enter the disease, of ahook, or heart failure immediate or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. List only one cause on each of the cause on each of the cause of th	CONSEQUENCE OF:	T ON	of dying, suc	h ee card	llac or reapl	ratory arreat	Approximation interval Be Onset and I day Z day
AL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS A (	SC FORTE	orma					1) Yea
MEDICAL	PART II. Other algnificant condition	ona contributing to death bu	t not resulting in	tha underlying c	ause given in	Part i.	24a, WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF COMPL
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	E OF DEATN (Ch				
TED BY PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATN  Natural 5 Pending Investigation	1 Nonetient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WORK	Y AT			NJURY OCCUR	RED
	2 Accident Investigation 3 Suicide 8 Could not b 4 Nomicide determined	28e. PLACE OF INJURY	At home, farm, atre	et, factory, office			ATION (Street of or Town, State)	and Number or i	Rural Route Number,
COMPLE	one!	SICIAN: To the best of my knowle NER: On the basis of examination							ause(e) end manner aa si
750		IER		2	9c. LICENSE NUI	MBER		29d. DATE, SI	IGNED, (Month, Day, Year)
TO BE COM	296, SIGNATURE AND TITLE OF CERTIF	J, Hn			222	185	2	► VI	1/94

94 00427

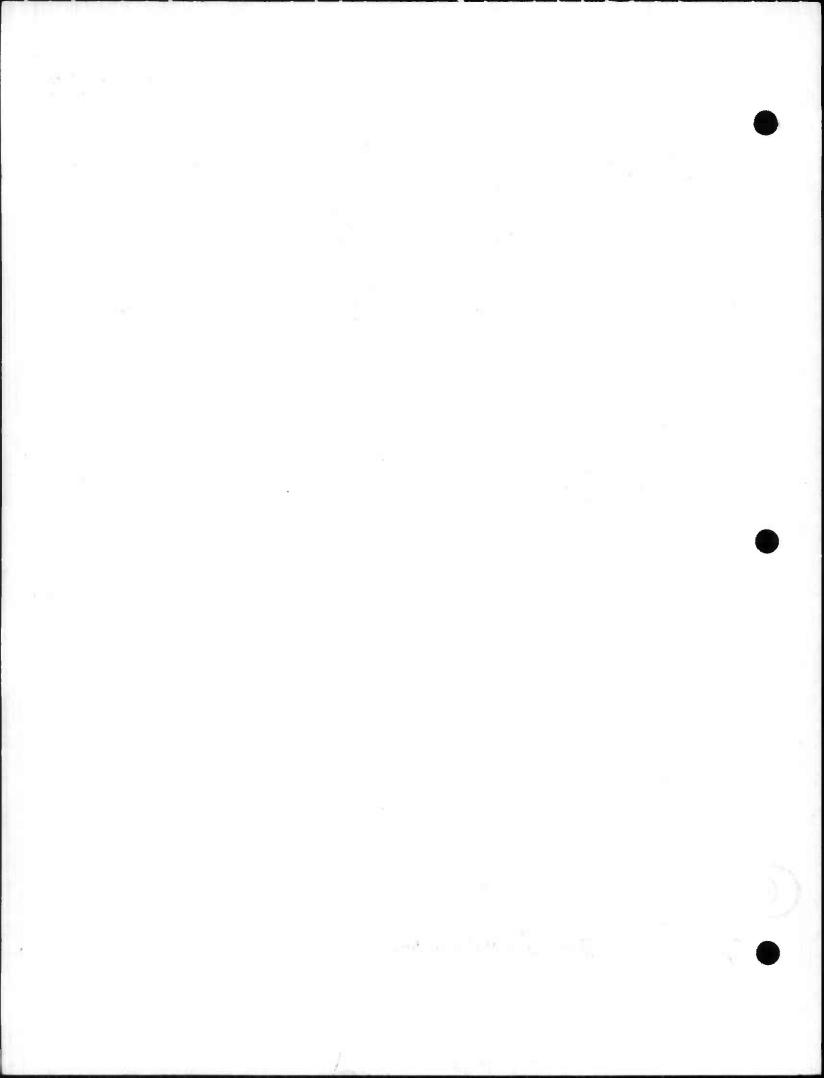


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	94	00428	
2 DATE OF DEATH		2 TIME OF DEATH	

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN		+ 00428
	1. DECEDENT'S NAME (First, Middle, Last,	,				2. DATE OF DEATH		EAR JUSS O
	DONALG MICH	ael Barrick	<del></del>			1 7	9	4
	579-40-9742	1 M 2 F	E (In yrs. last birthday)  C YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		62 YRS.	AL OUTH TOUGH		November :		
Œ					PR LOCATION OF DE	EATH	9c. COUNTY	-
DIRECTOR	20 Stream Run	Ct.		Timo	nium		]	Balto.
RE	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCA	TON		*	10d. INSIDE CITY LIMITS?
	Maryland	Balto.	_	Timo	nium			1 YES 2 NO
AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
FUNERAL	20 Stream Run	Ct.			21093	3		U.S.A.
2	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 TYPES	IN U.S. ARMED			IIC ORIGIN? (Specify Yan, Puerto Rican, stc.)	n or No 14	. RACE — American Indian, Black, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 NO Specifi			Specify:
	15. OECEDENT'S ED	Kore Kore		USUAL OCCUPATION	· · ·	I am June of an		White
	(Specify only highest grad	de completed)	(Give kind of v	work done during me	st of working	16b. KIND OF BU	SINESS/INOUS	TRY
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)				7:	-	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	14	Physic	lan	18. MOTHER'S NA	ME (First, Middle, Malden		
	Coores Ba	rrick						
BE	George Ba:  19a. INFORMANT'S NAME (Type/Print)	rrick	19b. MAILING	ADDRESS (Street a		Ploute Number, City or Tox		de)
٩	Donald M_ Barri	ck .Tr						
	20a. METHOD OF DISPOSITION	Δ 20	0b. PLACE AND DATE			Bel Air		or Town, State
	IV Buriel 2 ☐ Cremation 3 ☐ Real		emetery, crematory or of		m Cadas	1/11/94		
- 1	21. SIGNATURE OF PUMERAL VERVICE Y	# PRINTER /	Duraney v	22. NAME AI	ID ADORESS OF FA	CILITY		Rd. 21204
- 1	> = 17x	1 Kill		Duck 1	owcon Eu	neral Home		
-	23. PART I. Entar the diseases, of	complications that cause	ed the death Do					
	shock, or haart fallure	. List only ona cause on	aach line.	ot anter tha mo	da ot dying, suc	n as cardiac or reap	iratory arres	Intarval Between
	iMMEDIATE CAUSE (Final disease or condition	1	10 61		7			Onaet and Death
	resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF	ncer	1 1			1 yeAR
-		,	MEGNISCOULINGE OF	. ).				
ō	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS	A CONSEDUENCE OF	F):				
CERTIFICATION	cause. Entar UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):				
E	resulting in death) LAST	d						
	PART II. Other significant condition	ons contributing to death	but not resulting i	In the underlyin	a cause alven In	Part i. 24a, WAS AN	Aumoney	24b. WERE AUTOPSY FINDINGS
CAL			but not resulting i	in the underlyin	a canse Aiseii III	PERFO		AVAILABLE PRIOR TO COMPLETION DF CAUSE
						1 TYES	NO	OF DEATH?
Σ						_		1 TES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED DO MEDICAL	1						
S	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
ا ۲ٍ	27. MANNER OF CEATH	1 Inpetient 2 ER/Ou				8 Other (Specify) 28d. OE\$CRIBE HOW	N WINN OCCUM	50
	1 Natural 5 Pending	(Month, Day, Year)	INJ		RK?	288. DESCRIBE HOW	INJUNY OCCUP	NEO .
BY	2 Accident Investigation 3 Suicide & Could not be	28s PLACE OF INJUS	RY — At home, farm, s			28t. LOCATION (Street	and Number or	Burel Boute Number
	4 Homicide 8 Could not be	building, etc. (Sp	Ho!			City or Town, State	)	nural fronte frontos,
COMPLETED	29e. CERTIFIER					5		
MP	onel	SICIAN: To the best of my kno						ause(a) and menner as stated.
ဒ				m, m my opinion, c				1 1
BE	296. SIGNATURE AND TITLE OF CERTIFIE	2 del	111		29c. LICENSE NUI		29d, DATE S	IGNEO (Month, Day, Year)
၉	30 NAME AND ADDRESS OF DEDGOS W	CIBALL.		0.11	D 25	221	1	17/74
	30. NAME AND ADDRESS OF PERSON W							
	Eric F Fisher  31. DATE FILED (Month, Day, Year)	M.D. 19	00 East N	orthern	Pkwv	21	239	
	IAN 1 2 1004	Twice Meride	Mark W					
	Unit 1 ~ 1334	Q	A Labour					



190	deta	
3	2	
retained	5 should	
ME PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the fi	her this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	
200	direct	
death.	funera	
affer	by the	FROVA
HOURS	u pa	or re
	ily fill	ation.
E W	nplete	Crem
recuted	ud cor	burial.
8	cian a	07 70
ncate	physi	ne pri
Cert	nding	Hvaie
death	e atte	lental
E E	y th	N D
Inat	D D	h ar
DILES	signe	Healt
Je.	pee	0
Je IZM	has	Depl
	ificate	State
SICI	cert	a the
1	差	with
MB	2	SHIP.

28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	t, Middle, Last)				ICATE	OF DE			REG. NO		1.	TIME OF DEATH
ride 90	aret Ch	ılan							1 994	AY	YEAR	11.50
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1		UNDER 2	_	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
216-01-260		1 🗆 M 2 📈	77	YRS.	MONTHS (	DAYS HO	URS	MIN.	February 20,	1916	Mary:	land
Union Me		treet and number) Hospita	1			1timo					TY OF DEAT	Н
RESIDENCE OF DE		*							2		I/A	
10s. STATE	10b. COUNTY			1	Y, TOWN OR				77 77 7		10	d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER		N/A		B	altimo	ore lor. zip	CODE			40- 01713		YES 2 NO
116 West U		ity Park	wav			101. 2.11		218		iog. Ciriz		II COUNTRY?
11. MARITAL STATUS	III vei 2	12 WAS DECEDEN	T EVED IN ILE AD	RMED	13. WA	S DECENDE	ENT OF	HISPAN	IC ORIGIN? (Specify Ye	s or No—	USA 14. RACE -	American Indian, /hita, stc.
1) Never Married 2		FORCES? 1 IF YES, GIVE V	YES 2 XX	40	If y	YES 2	Cuban,	Mexica: Specify	n, Pusrto Ricen, stc.)		Specify:	White
	CEDENT'S EOU		16a. DE	CEDENT'S	USUAL OCC	UPATION			16b, KIND OF BU	SINESS/INDI	JSTRY	willte
Elementary/Secondary (		College (1-4 or 5	Ma	Do NOT us	vork done dur retired.)	ing most of	working					
		5+	Adm	ninis	trativ						mpany	/
17. FATHER'S NAME (First, A Francis Ch		Chlan				- 1			ME (First, Middle, Meiden	Surname)		
19a. INFORMANT'S NAME (		CIII all	19	b. MAILING	ADDRESS /S				Prager loute Number, City or Tow	m State Zin	Cordel	
Francis C.	Chlan								ethesda Ma			17
METHOD OF OISPOSIT	TION	ound from State	20h PLACE	ANDDATE	DE DISPOSITI	ON (Name of	,			CATION —		
4 🗆 Dignation 5 🗆 Othe	r (Specify)		Lorra	inatory or o	Park (	Cemet	ery		1/12 Balt	imore	Mary	land
Dennis X	Clerke	n Xenaki	s MO	0640	650	ME AND A	odress nk	M1 Roa	tchell-Wie d Baltimor	defel e Mar	d Hom	ne I 21212
23. PART I. Enter the c	diseases, or o	complications the	t caused the de	eath. Do r								Approximate
IMMEDIATE CAUSE (FI		List only one ceu										Onset end De
disease or condition	$\rightarrow$	•	SEPS									2 days.
			(OR AS A CONSE									2 days
Sequentially list condi-	tione,		OR AS A CONSE			Bosis						a dary
If any, leeding to imme	ING	tsin	EMIC	Bowts	1							18 days
CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):			-				
resulting in death) LAS		d. GERT	073 0 5	1100	R. Er	nor pl	Pend					
	ant condition								Part I. 24s. WAS AN			ERE AUTOPSY FINDIR
PART II. Other algnific		, cropula	palting, Th	more	so cyli	Speni	١,		PERFO		C	MILABLE PRIOR TO MPLETION OF CAUS DEATH?
PART II. Other algnific	yliver			til.	Ca	The	red	1				VES 2 AO
PART II. Other algoritic Cirrharis e Respiration	Jan Jan	ture, DM	gar	100	- 9							
Regulation of Respiration	) 1	ture, 3 M	gar			26. PLACE	OF DE	ATH (Chi	ick only one)		1	
Cerrhoris e	) 1	HOSPITAL:	ER/Outpatient 3	B □ DOA	OTHER:							
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 6	O MEDICAL Pending		INJURY	28b. TIM	4 Nursin		☐ Reel	Idence	ick only one)  6 Other (Specify)  26d. DESCRIBE HOW	INJURY OCC	URED	
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 2 Accident	O MEDICAL	26s. DATE OF (Month, D	INJURY	28b. TIM	4 Nursin	g Home 5 Bc. INJURY WORK? 1 YES	☐ Reel	Idence	6 Other (Specify)	and Number		e Number,

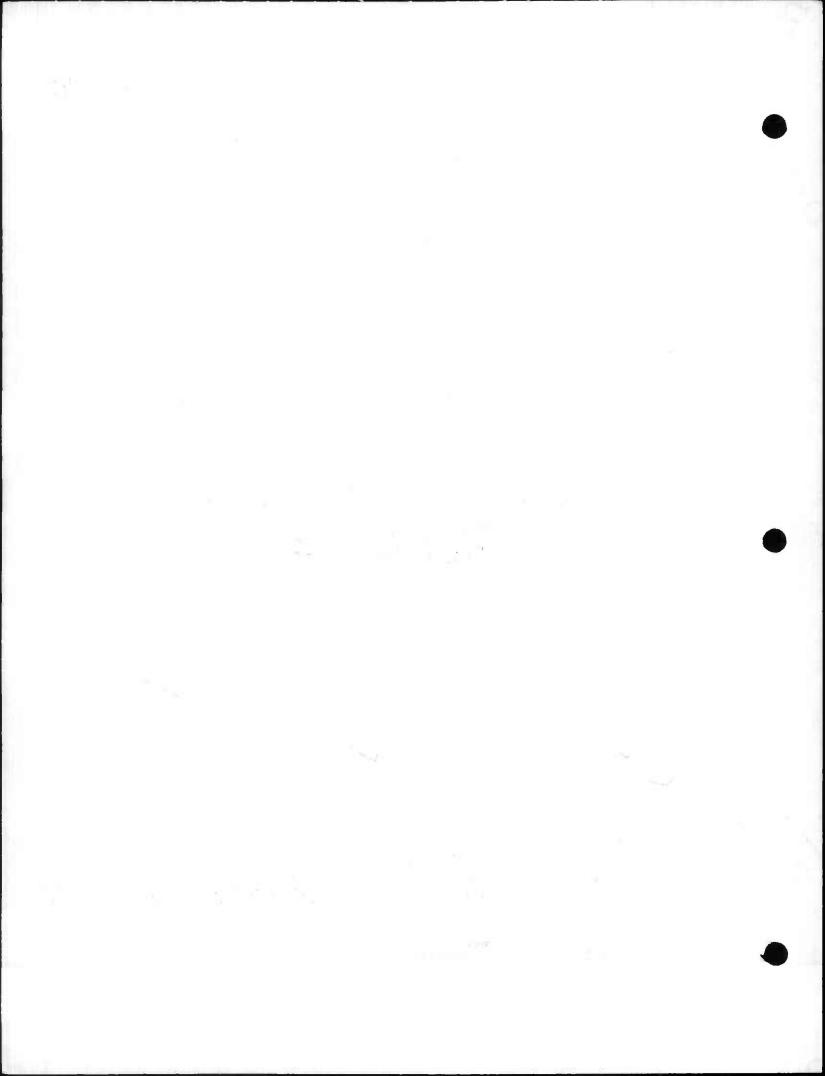
BALTIMORE

MO-21218

RANTON PAUL
31. DATE FILEO (Month, Day, Von)
JAN 12 1994

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH A	ND MENTAL HYGIEI		00430
	1. DECEDENT'S NAME (First, Middle, Las	"			2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
			Maver			5 99	755 A
	4. SOCIAL SECURITY NUMBER 2/2-09-/363	15KM20F 8	8 YRS.	3129	MIN. (Month, Pay, Year) 09/21/19	05 E	Altimore
CTOR	9a. FACILITY NAME (If not institution, give  MARY AND  RESIDENCE OF DECEDENT	NASONIC HON	100	Cockeysui	1	BAHIN	
DIRE	10a. STATE 10b. COUN	more E		Keys Ville			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	300 Internationa	1 Circle		101. ZIP CODE	-/359		OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER II FDRCES? 1 _ YES IF YES, GIVE WAR DR D	2 X ND	13. WAS DECENDENT OF I	IISPANIC ORIGIN? (Specify Ye Maxican, Puerto Rican, etc.) Specify:		ACE — American Indian, black, White, atc.  Specify: White
ETED	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed) College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of worl life. Do NOT use n	done during most of working	16b. KIND OF BU	JSINESS/INDUSTR	
1PL	12 years	Conside (1-4 or 5+)	Superv	isor	Acme	Stores	
COMPL	17. FATHER'S NAME (First, Middle, Last)				t'S NAME (First, Middle, Maider		
BE (	Edward Holmes	Copenhave	r	Gert	rude Estel	le Hou	ck
2	Mildred Davis	(sister)		Glenwood Rd	Baltimore, I		,
	20a, METHOD OF DISPOSITION 1 N Burlat 2 Cremation 3 Re 4 Donation 6 Qther (Specify)	moval from Stata	PLACE AND DATE OF 1	pisposition (Name of place) etery Januar		ocation — city o	e, Maryland
	Thomas Jose	Lepth Box		Mitchell-W	of FACUTY iedefeld Home Rd. Baltimore	e Inc.	
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	4.	STATIONSEQUENCE OF):	c CA			Onset and Dea
MEDICAL CE	PART II. Other significant condition	a contributing to death b	ut not resulting in t	he underlying cause give	en in Part I, 24a, WAS AN PERFO	RMED7	24b. WERE AUTOPSY FRIDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2   NO
CIAN	26. WAS CASE REFERRED 20 MEDICAL EXAMINER?	HOSPITAL:	10	THESE THESE	H (Check only one)		
PHYSICI	27. MANNER OF SEATH	1 ☐ Inpetient 2 ☐ ER/Outp  26a. DATE OF INJURY (Month, Day, Year)		F 28c, INJURY AT	284. DESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	THE RESERVE OF BUILDING	— At home, term, streetly)		28f, LOCATION (Street City or Town, State)		nel Route Number.
BE COMPLETED		SICIAN: To the best of the knowl			et the time, dele and place, ar	nd due to the caus	se(s) and manner as stated.
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Spin, Pri		3488	1/-	5-94
		-/-	-				
-	31. DATE FILED (Month, Day: 19ar)	2 SEGISTRAN'S SIGNA	ATUME				

94 00430



	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTA	REG. NO.	E 5	4 (	10431
	1. DECEDENT'S NAME (First, Middle, Last) Sarah		Cooper				2. DATE	0 7 - 9 4	94	YEAR 3.	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 214 18 3294		(In yrs. last birthday)			F UNDER 24 HRS.	7. DATE	OF BIRTH th, Day, Year) -29-1		Country)	CE (State or Foreign
OR	9a. FACILITY NAME (If not inatitution, give s 2902 Bake					LOCATION OF I				TY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT  Md	Υ		ry, Town on Balti			· · · · · · · · · · · · · · · · · · ·				I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	(1)			-	IP CODE			10g. CITIZ	EN OF WHAT	YES 2 NO
FUNERAL	2902 Bake  11. MARITAL STATUS  1 Never Married 2 Married	r Street  12. WAS DECEDENT EVER FORCES? 1 Tyes IF YES, GIVE WAR OR I	2 NO	14	yes, specif	ly Cuben, Mexic	NIC ORIGI	N? (Specify Yes Rican, etc.)	or No		American Indian, hite, etc.
ETED BY	3 Widowed 4 Divorced  15. OECEDENT'S EOU (Specify only highest grade	CATION	16a. DECEDENT'S		CUPATION	NO Spec		o. KIND OF BUS	INESS/INDU	BT ac	ck
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do NOT u	se retired.)							
BE CO	17. FATHER'S NAME (First, Middle, Last)  19e. INFORMANT'S NAME (Type/Print)		District Vision Co.	-		Frai	ices	Middle, Maiden S	er		
5	Frances E. R		2902	2 Ba	aker	Stre	et	Balto	. , Mo	d. 21	
	1X3 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	coval from State	Arbutus	other plece)			1/	12 Ba	alto	y or Town,	State .
		. Moston	_	Ja	mes		orto	n & So t. Bai		, Md.	. 21217
		List only one cause on	each iina.					diec or reapir	atory arre	st,	Approximate interval Betwee Onset and Deel
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	red a consequence o	ge.							
N: MEDICAL	PART II. Other algnificent condition	a contributing to death	but not resulting	in the und	erlying c	euse given i	Part I.	24a. WAS AN / PERFORI 1 TYES 2	MED?	AVA COM DF	NE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION DF CAUSE DEATH? YES 2 NO
/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Out	patient 3 🗆 DOA	OTHER:		E OF DEATH (C			-		
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF 2	WORKS		28d. DE	SCRIBE HOW IN	JURY OCCL	IRED	
ETED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, ocily)	atreet, factor	ry, office		28f. LOC City	CATION (Street as or Town, State)	nd Number o	r Rural Route	Number,
COMPLE		CIAN: To the best of my know									manner es stated.
BE	296. SIGNATURE AND TITLE OF GERTIFIE				29	c. LICENSE NU	MBER		29d. DATE	SIGNEO (Mor	nth, Day, Year)
. TO	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OF	Sente			Ball	n.	mel	21.	201	
*	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE				<i>V</i> .		- / 6		

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 NO

8:43 A

DIRECTOR

FUNERAL

BY

ETED

COMPL

2

once.

notified at BE

pe

must

the medical examiner

event.

traumatic

CERTIFICATION other 6 Injury, (

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

the attending physician and completely filled in by the I Mental Hygiene prior to burlal, cremation, or removal.

signed by the shows any

has been a

this certificate h Item

After death

DIRECTOR: A

TO THE HOSPITAL OR ATTO THE FUNERAL DIRECTED BE filed within 72 hours at IMPORTANT: If Item 2

the .

marked,

28 ls

23

burial-transit

use as the

Q

funeral director, page 5 should be detached

hospital or attending physician.

MD 10e. STREET AND NUMBER 1300 Windlass 11. MARITAL STATUS

1 Never Married 2 Merried

3 Widowed 4 Divorced

Ivy Hall Ger. Cnt Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

Balto Co

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify

21220

14. RACE — American Indien, Black, White, atc.

10g. CITIZEN OF WHAT COUNTRY?

15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

Baltimore

10f. ZIP CODE

Specify: Black

17. FATHER'S	NAME	(First,	Middle,	Last)

18. MOTHER'S NAME (First, Middle, Maiden Surname)

194.	INCOMMAN!	S HAME (	iyperrint)

19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)

20a. METHOD OF DISPOSITION		
1 Buriel 2 Cremelion	3 🗆 Removal	1rom State
4 Donation 6 Other (Sp	ectfy) in	state

removal

23. FART I. Enter the diseases, Dr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

206. PLACE AND DATE OF DISPOSITION (Name of

20c. LOCATION - City or Town, State

16b. KIND OF BUSINESS/INDUSTRY

21. SIGNATURE OF PUNERAL SERVICE LICENSER OF ald Wade, Dir

22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.Baltimore St, Balto, MD21201

	. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition	
resulting in death)	. Massive Hemopty
	DUE TO (OR AS A CONSEC

resulting in death)	a. Massive Hemoptysis DUE TO (OR AS A CONSEQUENCE OF):
	Bilateral advanced cancer lungs
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Adult onset diabetes mellitus

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUT
1 TES 2 NO	COMPLETI OF DEATH

TOPSY FINDINGS E PRIOR TO ON OF CAUSE

1	Ш	TES	2 📙	NO

Approximate

interval Batween Onset and Death

Hypertension							
		CASE	REFERF	RED	то	MEDIC	AL

3 Suicide

4 Homicide

HOSPITAL: 1 ☐ Inpatient 2 🕅 ER/Outpatient 3 ☐ DOA 1 TYES 2 NO

26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 1 K Natural 5 Pending 2 Accident

26e. DATE OF INJURY (Month, Day, Year) 6 Could not be determined

Ateriosclerotic cardiovascular disease

26b. TIME OF 28c. INJURY AT WORK? м 1 YES 2 NO 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, atc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER

(Chank only 1 📉 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as attend.

2 MEDICAL EXAMINER: On the end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(a) end manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER

La 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 (TYPO, Print)

MAI\_IKA NASERM., 100. N. BROADWAY, BALTIMORE,

29c. LICENSE NUMBER D- 38754

29d. DATE SIGNED (Month, Day, Year) ▶ January 5, 1994

MD-21231.

32. EGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

**MARYLAND 21215-0020** hours after death. Page 6 may be retained by the BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law



MAN SIMAL

JOHN

JAN 12 1994

MIAH (INO.)

32 REGISTRAR'S SIGNATURE

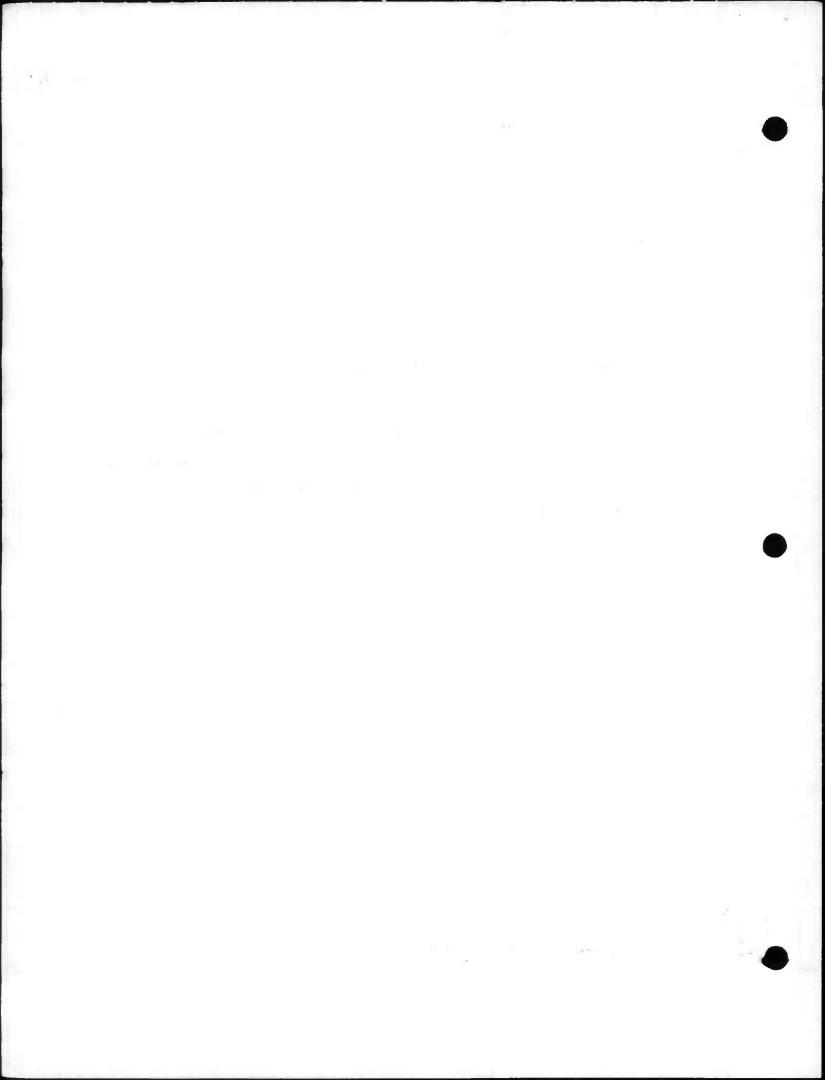
ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TABLECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after mean with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Illiam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) LENORA MARIE CROOM 2. DATE OF DEATH 3. TIME OF DEATH Cranifich. YEAR 7.20 01 94 08 BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 16 215124265 DAYS 1 M 2 KF 2 9c. COUNTY OF DEATH 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Samar, tan Hospital DIRECTOR BALTMORE hood BALTINICKE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5608 Lothian Road 21212 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: White 3 🕅 Widowed 4 🗌 Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Enrick Burger Thistel Emma Thau BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5608 Lothian Road Charles R. Werner Baltimore, MD 21212 20a. METHOD OF DISPOSITION
1 [XBurial 2 ] Cremation 3 ] Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cematery, crematory of that place! ery 4 Donation 5 Other (Specify) 1/11/94 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 8521 Loch Raven Blvd. Towson, MD 21286 23. PART I. Enter the diseasee, or complications that caused the daeth. Do not enter the mode of dying, auch as cardiac or respiratory erreat, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition left lobar Meumina resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 10 Recurrent AVAILABLE PRIOR TO COMPLETION OF CAUSE Cancer tonque the with 1 TES 2 NO residual mydreny amm right canotid 1 TYES 2 NO artery. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NO COMPLETED BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mariner as stated. FUNE IMPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 医某者 BE JOHN MIAH M-D 01/08/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GOOD SAMARATAN HOSPITAL



1	-	STATE	Ai
ı	1. D	ECEDENT'S	N.

	REGISTRAH		CERTIF	ICALE	JE DEAL	П	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy Jane Coll	ier	mei i				2. DATE OF DEATH MONTH	er -	90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER	24 UDS	7. DATE OF BIRTH	1	a BIDTH	PLACE (State or Foreign
	312-18+4005	1 🗆 M 2 🕽 🐣	73 YRS.	-	YS HOURS	MIN.	(Month, Day, Year) 6/16/20		Country	yland
	Se. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TO	WN OR LOCATIO	EATH				
R	Stella Maris Hosp	pice		Tows	n			Balt	imor	е
5	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNT		10c, CIT	Y, TOWN OR L	OCATION					10d, INSIDE CITY LIMITS?
ā	Maryland Balt	imore	7	Cowson						1 YES 2 W NO
AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	2300 Dulaney Vall	ev Road			2120	4			USA	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF	F HISPANI	C ORIGIN? (Specify	Yee or No-		- American Indian, White, etc.
BY F	1 Never Married 2 Merried 3 Widowed 4 M Divorced	ever Married 2 Merried   FORCES? 1 YES 2 NO   If yes, specify Cuben, Mexican, Puerto Ricen, atc.)   Black, \( \)   1 YES 2 NO Specify:   Specify:   Specify:								
O	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF E	USINESS/INC	DUSTRY	,,,,,,
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done durir se retired.)	g most of working	7				
7		3 yrs	RN				Rluo	Cross		
N	17. FATHER'S NAME (First, Middle, Last)	- ,=0	144		16. MOTN	FR'S NAM	IE (First, Middle, Maid		-	
Ö	Cecil Tredway H	linking								14/5/81/3
BE	19a. INFORMANT'S NAME (Type/Print)	IIDKIIIS	105 MAII INC	ADDRESS (S			velyn Cru	The second secon		
2	Margaret Plume									
	20a. METNOD OF DISPOSITION	100				Ct.	Forest F			21050
	1 Burlai 2 T Cremation 3 Rem	oval from State C6	b. PLACE AND DATE metery, cremetory or o	ther place)				LOCATION —		
1	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI	NE ME	etro Crem					Catons	vill	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Johnson Funeral Home								-0.11-0.11	
	0503							MD 21286		
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do	not anter the	moda of dyir	ng, such	as cardiac or rea	piretory an	reat,	Approximate
	ahock, or heart fallure.  IMMEDIATE CAUSE (Final	List only one cause on	each lina.							Interval Batween Onset and Death
	disease or condition	Binelo	batrug	from						Olisat and Death
	resulting in death)		A CONSEQUENCE O							
7		IYMPH	DMA							awks
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):						0.00
S	cause. Enter UNDERLYING	<b>c.</b>								
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						
뇬	resulting in death) LAST	d.								
									_	
EDICAL	PART II. Other aignificant condition						Part i. 24a, WAS	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
20	- IF ACUTS	= MYOCA	COLAC	IN	rokeg	701	1 TYES	2 10		COMPLETION OF CAUSE OF DEATH?
ME								N	- 100	1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DE	ATH (Che	ck only one)			
SIC	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 DOA	OTHER: 4 - Nursing	Nome 5 - Res	sidence (	Other (Specify)	Hoenia	70	
Ŧ	27. MANNER OF BEATN	26e. DATE OF INJURY (Month, Day, Year)	28b. TIA		, INJURY AT		28d. DESCRIBE NO			
ВУР	1 Natural 5 Pending	(MORIT, Day, 1681)	in.		WORK?	NO				
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, ferm,	street, factory,	office		281. LOCATION (Street	et and Number	or Rural R	oute Number,
9	4 Nomicide determined	building, etc. (Spi	эспу)				City or Town, Sta	ite)		
<b>"</b>	290. CERTIFIER , A CERTIFYING PAYO	ICIAN: To the best of my kno						Section 1		
₽ E		R: On the basis of examinati								
COMPLET				, at my opini						
BE	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
10	27 4 1000 - 01	eimo			D9:	564	13		1-7.	- 74
-	30. NAME AND ADDRESS OF PERSON WI									07001
	Kendall R. Faulk			ney Va	Lley Ro	ad,	Towson,	Maryla	and	21204
	31. DATE FILED (Month, Day, Year)	37 THOUSEAR'S SIG								
	JAN 12 1994	Jack Sinter R	addle							

TH HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death, Page 6 may be retained by the hospital or attending physician.

On the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Cept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, Last)	E C.	COVINGT	ON			2. DATE OF DEATH MONTH		YEAR	ME OF O
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday	IF UNDER			7. DATE OF BIFTTH		BIRTHPLACE	(State o
	214-03-7756-B	1 M 2 X F	86 YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) 5-11-07	1	Westpo	int
	Sa. FACILITY NAME (If not institution, give			9b. CITY,	TOWN OR LOCATE				Y OF DEATH	
СТОВ	Liberty	Medical			Balt	imore	9			
EC	10a. STATE 10b. COUNT	TY	10c. C	ITY, TOWN O	R LOCATION					NSIDE (
DIRE	Maryland				Balt	imore	9		100	IMITS? YES 2
ZAL S	100. STREET AND NUMBER	Made n	171		10f. ZIP COD			10g. CITIZE	N OF WHAT CO	
FUNERAL		vedere Ave				2/3			U.S.A.	
B≺	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1   IF YES, GIVE WAR	YES 2 XNO	11		en, Mexican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No 14	Specify: B	lac
ED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT	S USUAL OC	CUPATION uring most of working	na	16b. KIND OF BU	ISINESS/INDUS	STRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT	use retired.)	41					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			3	aleswom		ME (First, Middle, Maiden	Summer		
Link		Phillip Ch	ristian		IS. MOT	.nun a MAR	Fatie B			
8	19s. INFORMANT'S NAME (Type/Print)	0.8451	19b. MAILIN				oute Number, City or Tow	vn, State, Zip Co		
2	Margaret W	Villiams	3007	West	wood Av	e. l	Baltimore,	, Mary	land 2	212
	20s. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Res	novel from State	20b. PLACE AND DATE cemetery, crematery or			0	DATE 20c. LC	CATION — CH	y or Town, Stat	nta N.S. I
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE, LI	ICENSEE	uarr1s0		est Vet		m. 1–17 Ov			
	· TIME	VK.					Willian			
	23. PART I. Enter the diseases, or	Moure	1				North Ave		Ito. Mo	d. 2
	resulting in death)	0	FOILOIA	17						
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	AS A CONSEQUENCE							
ERTIFIC	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR		OF):						
CERTIFIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions.	b	AS A CONSEQUENCE  AS A CONSEQUENCE  oth but not resulting	OF): OF):			DEDEC		24b. WERE	
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BY PHYSICIAN: MEDICAL CERTIFIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  INSULING  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident 1 Investigation detarmined	DUE TO (OR  d.  DUE TO (OR  d.  PREMPENT  HOSPITAL: 1   Inpetient 2   ER  28s. DATE OF INJ (Month, Day, 1)  28s. PLACE OF IN building, stc.	eth but not resulting  P   A B  NOutpetient 3   DOA  URY   28b, Till  UJURY — At home, term (Specify)	OF):  OF):  OF):  OTHER  4   Mura  ME OF  NJURY  M  , street, factor	26. PLACE OF D: ing Home 5   Ri 28c. INJURY AT WORK? 1   YES 2 [ sry, office	DEATH (Che esidence	ck only one)  B Other (Specity)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State)	RMED?  2 ANO  INJURY OCCUI	AMAILAI COMPL OF DEJ 1  Y  RED  Rural Route Nu	ABLE PRILETION (EATH? YES 2
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the
3	F	2.3	=

	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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A LIENDING PRINCIPANT THE IMPROVED THE THE DESCRIPTION OF EXECUTED WITHIN THE DEATH. TAGE O THAY DE TELEMED BY THE HOSPITAL OF ATTENDING PRINCIPAL.	LECTO	rs aft	m 28 to marked or item 24 shows any failury or other frametic event the medical avanians must be notified at once

1 - STATE REGISTRAR	STATE OF MARYLA	CERTIFICAT	E OF DEATH	REG. N	10.	
1. DECEDENT'S NAME (First, Middle, Las		1		2. DATE OF DEATH		3. TIME OF DEATH
LAVEATA	CORPR	EW		MONTH /	DAY 9	2 6:251
4. SOCIAL SECURITY NUMBER			R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Mortin, Day, Hear)	8.	BIRTHPLACE (State or Foreign Country)
215 90 0676	10 M 2 Sp 3	YRS.		1	2	UNK. M
9e. FACILITY NAME (If not institution, giv	e street and number)	96. CIT	Y, TOWN OR LOCATION OF		9c. COUNTY	
SINAI RESIDENCE OF DECEDENT		BL	ALIO. MS	2/2/5	BAZ	TO. CITY
100. STATE 10b. COUL	NTY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
Md		Bal	to			1 YES 2 NO
10s. STREET AND NUMBER	1 0 0	apt	101, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	veland Ar	e c	2121	5	1 4	·S. A.
11, MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN I	U.S. ARMED 13.	WAS DECENDENT OF HISP If yes, specify Guben, Mexi		Yes or No- 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TYES 2 NO Spe	offy:	100	Specify: Place
15. DECEDENT'S E		16e. DECEOENT'S USUAL O	OCCUPATION	16b. KIND OF I	BUSINESS/INDUST	ENY CONTRACTOR OF THE PROPERTY
(Specify only highest gri	College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	during most of working			
2+4		Ynk	nown			
17. FATHER'S NAME (First, Middle, Lest)	^		MOTHER'S	AME (First, Middle, Maid	en Sumame)	1
Dernard	orprew		Cine	stine	5000	lwin
190 INFORMANT'S NAME (Type/Print)	C 1.		SS (Street and Number or Run	al Roge Number, City or	own, State, Zip Spe	alto Md2
Emestine	Goodwin	13906	stovel and	the HOT	-C b	
20s METHOD OF DISPOSITION Burlal 2 Cremation 3 Re	moval from State demet	PLACE AND DATE OF DISPO	STION (Name of	DATE 20c.	LOCATION - City	or Town, State
4 ☐ Donetion 5 ☐ Other (Specify)	LICENSEE	ouaon 1	NAME AND ADDRESS OF	4111494	Dal	to, ina
21. SIGNATORE OF TOTAL SERVICE	LICENSEE	I R	. NAME AND ADDRESS OF	PACILITY	1	
	71		March D	H Wes		
	e. List only one cause on eac	ch line.	March A 4300 W or the mode of dying, se	H- Wes	AUE Spiratory arrest	Interval Batw
23. PART i. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sep Si  DUE TO (OR AS A C	CONSEQUENCE OF):				Interval Batw Onset and Da
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S, P.O. BOX 68/60	death certificate be executed within nours after death. Page 6 may be retained by the
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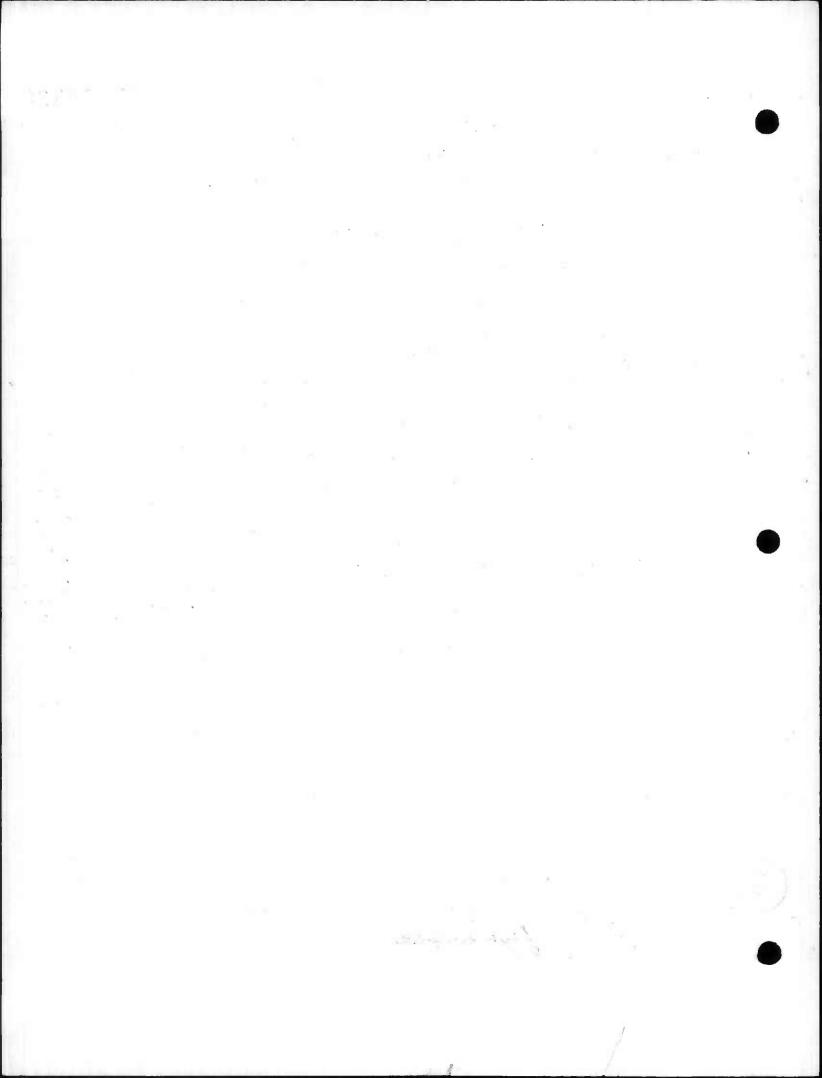
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1/8/94   1/9/16   1	- 1	1. DECEDENT'S NAME (First					-		See Profit			AY	YEAR	3. TIME OF DEAT
O45-20-8843  15	23													
45-20-8843  **S. PART II. Enter the diseases, or complications this caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, indicated and single of the control of the c	-	4. SOCIAL SECURITY NUN	IBER		6. AGE (In yrs.						TE OF BIRTH onth, Day, Year)			
The street registering of December 1 to the street registering reg					67	YRS.					vember			
194. STATE   90. COUNTY   Balto   TOWSON   TOWSON   STATE   TOWSON   TOW	œ						9b. CITY,			DEATH		9c. COUNT		
Maryland Balto. TOWSON    Tows 2   10   10   10   10   10   10   10	25				Center	_							Ва	
100 East Joppa Rd.  100 Ea	ш	C=0	10b. COUNT			10c. Cf								LIMITS?
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Secondary   Secondary   Secondary   Secondary   Secondary   White	RA			D-3				1"				10g. C1112		
Type   Type	N I		Јорра		T EVER IN U.S.	ARMED	13. 1	AS DE			GIN? (Specify Ver	or No		
Sequentially list conditions of any least considered cause. Enter UNDERLYNG CAUSE (Disease or injury that initiated events resulting in death) LAST   Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I.   246. Was An Autropsy PRIVONMENT   10 Vote 10 V						]NO	1	yes, o	pecify Cuban, Max	rican, Puer			Black,	, White, atc.
Elementary/Secondary (0-12)   Coffee (1-4 or 5+)   Copy   Captain   Tug Boat		3. Widowed 4 Div	rorced										W	hite
Elementary/Secondary (0-12)   College (1-4 or 5-)   Iffs. Do NOT use relieved.)   12	딢	15. DE (Specify or	CEOENT'S EDU	JCATION e completed)		(Give kind of	work done of			1	16b. KIND OF BU	SINESS/INDU	STRY	
Michael Canavino  196. INFORMANT'S NAME (Type-Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  206. INFORMANT'S NAME (Type-Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  34 Grace St New Canaan , Conn. 06840  206. METHOD OF DISPOSITION 10. METH		Elementary/Secondary	(0-12)	College (1-4 or 5	-	te. Do NOT u	retired.)							
Michael Canavino  196. INFORMANT'S NAME (Type-Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  206. INFORMANT'S NAME (Type-Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  34 Grace St New Canaan , Conn. 06840  206. METHOD OF DISPOSITION 10. METH	MP				Ca	aptai	n							
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Commercial Secretaria Secretari					200 201 12									
22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204  Ruck Towson Funeral Home, Inc.  23. PART II. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Better interval		1 Surial 2 Cremat	ton 3 🗆 Ren	novel from State	cemeterý, c	rematory or	other place)	-						
Ruck Towson Funeral Home, Inc.  23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):  Sequentially list conditions, if arm, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):  A Sequentially list conditions, if arm, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSCOUENCE OF):  A Sequentially list conditions, out of the cause of injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSCOUENCE OF):  A Sequentially list conditions, out of the cause of injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSCOUENCE OF):  A Sequentially list conditions, out of the cause of injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSCOUENCE OF):  A Sequentially list conditions, out of the cause of injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSCOUENCE OF):  A Sequentially list conditions, out of the cause of the mode of dying, such as cardiac or respiratory arreat, approximate interval Beth Onest and Due to conditions on the cause of the				CENSEE?	Dulai	ney v	_				11/94	Timon	Lum	, Ma.
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line.    IMMEDIATE CAUSE (Final disease or condition resulting in death)		1/1	160	11//					ADDITION OF	1	050 Yor	k Rd.	212	204
ehock, or heart failure. Ust only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):  Brateal framework of the cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in death) LAST  DUE TO (OR AS A CONSCOUENCE OF):		Unell	( 0)	ager	fr.									
PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i.  Core and Artica Discuss  1 YES 2 NO  1 YES 2 NO  246. WAS AN AUTOPSY PIND  AMAILABLE PRIOR TO  COMPLETION OF CAU  OF DEATH?  1 YES 2 NO	FICATION	if any, leading to imm- cause. Enter UNDERL CAUSE (Disease or in		OUE TO	(OR AS A CONS	EOUENCE C	OF):							
PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	ш		st	a. Squar	mone	Cell	Ca	56	nome					14 ~
	MEDICAL					t resulting	In the un	deriyir	ng cause given	In Part i.	PERFO	RMED?	24b.	AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
	HYS	27. MANNER OF DEATH					-	_		_		INJURY OCCI	JRED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Vingetlant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY  28. DATE	Y P	1 Natural 5	Pending Investigation					W	ORK?					
27. MANNIPR OF DEATH 28c. DATE OF INJURY (Month, Day, Year)  28c. IMJURY AT WORK?  1 Natural 5 Pending Investigation  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED	G		Could not be determined	28e. PLACE O building,	of INJURY — At atc. (Specify)	home, farm,	street, facto	ory, offic	ce	28f, L	OCATION (Street lity or Town, State)	and Number o	r Rural A	loute Number,
27. MANNIPR OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined setermined setermined Part (Month, Dey, Veer)  28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 VES 2 NO  28c. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28c. INJURY AT WORK? 1 VES 2 NO  28c. INJURY AT USE. INJURY	MPLE	one)												) and menner as ≃
27. MANNER OF DEATH  1 Natural  2 Accident  3 Suicide  4 Homicide  2 Could not be detarmined  2 See. PLACE OF INJURY — At home, farm, street, factory, office  2 See. PLACE OF INJURY — At home, farm, street, factory, office  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED  286. DESCRIBE HOW INJURY OCCURED	BE CC				->0 ~	~	ι.Δ			NUMBER	. 9			
27. MANNER OF DEATH  1  Natural 2	2	30. NAME AND ADDRESS	OF PERSON W	HO COMPLETEO CAU	SE OF DEATH (IT	TEM 27) (Typ	e, Print)		199	5.70			مم	~ , 17
27. MANNIPR OF DEATH  1  Natural  28. DATE OF INJURY  1  Natural  29. DATE OF INJURY  1  Natural  29. Accident  3  Suicide  4  Homicide  29. CERTIFIER  (Check only  29. CERTIFIER  (Check only  29. DATE OF INJURY — At home, farm, street, factory, office  29. CERTIFIER  (Check only  29. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29. SIGNATURE AND TIPLE OF CERTIFIER  29. DATE OF INJURY — At home, farm, street, factory, office  28. PLACE OF INJURY — At home, farm, street, factory, office  28. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29. CERTIFIER  (Check only  29. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29. SIGNATURE AND TIPLE OF CERTIFIER  29. DATE SIGNEO (Month, Day, Year)	0	W:1112m	D. 1	nilon	nell			. u	nivers	17	Bal.	homa	re	MDZ
27. MANNER OF DEATH    Natural   5   Pending Investigation   2   Accident   2   Accident   3   Suicide   6   Could not be detarmined   2   Accident   4   Homicide   6   Could not be detarmined   2   Accident   2   Accident   2   Accident   2   Accident   2   Accident   2   Accident   2   Accident   3   Suicide   6   Could not be detarmined   2   Accident   2   Accident   2   Accident   2   Accident   2   Accident   2   Accident   3   Accident   4   Acc		31. DATE FILED (Month, Day	y, Year)	32. EGISTR	R'S SIGNATURE									-
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TIPLE OF CERTIFIER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29b. SIGNATURE AND TIPLE OF CERTIFIER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			A	4										

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THE OF ALLENDING PRISICIAN: THE IMPROPERS THAT THE IMPROPERS THAT THE IMPROPERS THE IMPROPERS THE OFFICE OF THE IMPROPERS OF	IN THE NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	F	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY			OF HEALT		MENTAL HYGIEN		Q I.	001.20
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		34	3. TIME OF OEATH
	JULIO CESAR	VAZQUEZ	DEJES	US				LO	94	2:00 Pm
	500 60 4064		(In yrs. last birthday)		YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Ĩ	8. BIRTH Country	PLACE (State or Foreign
- 6		1 🔀 M 2 🗌 F	29 yrs.	MONTHS	DAYS HOURS	MIN.	Oct. 21,	1964		rto Rico
OR	90. FACILITY NAME (If not institution, give stres 105 N. AMITT			9b. CITY, 1	OWN OR LOCA BALT		RE CITY	9c. COU	NTY OF DI	EATH
ן ט	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY									
DIRECTOR	Maryland Anne A	rundel		ry, town or en Bur						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Turidei	1 616	II Dul	101. ZIP CO					1 ☐ YES 2 ☑ NO
I A	418 Secluded Post	Circle Ant	т.		2106					States
FUNERAL		12. WAS DECEDENT EVER	IN U.S. ARMED	13. W			NIC ORIGIN? (Specify Ye			
BY F	1 Never Married 2 1 Married 3 Nidowed 4 Divorced	FORCES? 1 TYES	2 NO	If :		ban, Maxica	in, Puerto Ricen, atc.)		Black Specif	- American Indian, White, etc.
	15. DECEOENT'S EDUCA (Specify only highest grade of		18a. DECEDENT	USUAL OCC	UPATION		16b. KIND OF BU		USTRY	MILOC
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT	work done du ise retired.)	ring most of wor	king				
MP	12		Clerk				Grocery	<i>!</i>		
8	17. FATHER'S NAME (First, Middle, Last)				100000		ME (First, Middle, Malden Surname)			
BE	Julio Vazquez Riv	era					DeJesus 1			
5	19a. INFORMANT'S NAME (Type/Print) Miguel Angel Vazqu	ez DeJesus					Route Number, City or Tow			MD 21961
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation	20	h PLACE AND DATE	OF DISPOSIT	ON (Name of		OATE 200 10	CATION -	Cify or Toy	un State
	4 Donation 5 Dotter (Specify)	\   Ce	metery, crematory or ementari	other place) A Muni	Japaı 1	de J	994 Jua dana Diaz	na Di Pue	az,	Rico
- 4	21. SIGNATURE OF THERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Kirkley-Ruddick Funeral Home									
								MD 21061		
	IMMEDIATE CAUSE (Final disease or condition NARCOTTC INTOXICATION								Approximata interval Between Onset and Daath	
	reaulting in death) a.	DUE TO (OR AS	A CONSEQUENCE	OF):						
NO	Sequantially list conditions, b.	DIE TO (OR 40	A CONSEQUENCE (	-						
CERTIFICATION	If sny, laading to immediata cause. Entar UNDERLYING	DOE TO (ON AS	A CONSCOUENCE (	pr.):						
IF	CAUSE (Disease or injury that initiated evants	OUE TO (OR AS	A CONSEQUENCE (	OF):						
ERI	resulting in dasth) LAST									
	PART ii. Other algnificant conditions	contributing to death	but not resulting	in the und	ariving cause	given in	Part I. 24s. WAS AN	ALITOPSY	24h.	WERE AUTOPSY FINDINGS
ICAL					,,		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI							1 NYES :	I I NO		DF DEATH? 1 YES 2 NO
-										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	I CONTRACT			28. PLACE OF	OEATH (Ch	eck only one)			
YSIG		HOSPITAL:      Inpatient 2   ER/Out	petlent 3 🗆 DOA	OTHER:	g Home 5 🗆	Rasidenca	8 M Mther (Specify)	TIFY/	105 N	AMITTY ST.
Hd	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	WE OF 2	8c. INJURY AT WORK?		28d. OEŞCRIBE HOW	NJURY OCC	URED	7
BY	1 Natural 5 Pending 2 Accident Investigation	UNKNOWN		MOM	1 YES 2	NO ⊠	UNKNOWN			
	3 Suicida 8 Could not be detarmined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, ocily) UNKNO		y, offica		281. LOCATION (Street City or Town, State, UNKNOWN		or Rural R	oute Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	viedge, death occur	red at the lim	e, data and pla	ca, and due	to the cause(a) and ma	nner as atat	ed.	
OM	one) 2 MEDICAL EXAMINER									and manner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIER	1 ()			29c. LI	CENSE NU	MBER	29d. DATI	E SIGNED	(Month, Day, Year)
m	MMTZ 4	John	DW		0.	C.M.E.				1/94
5	TO NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D			treet	, Ba	ltimore,	Mary	ylan	d 21201
	JAN 1 2 1994	PLANE SHOP SHOP	Manda an				•			
	JAN 1 2 1994	1	- Alexander							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the property of the party of the last section of the death of the last section of the
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TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within. Dours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DECEDENT'S MANE OF A SALE		CE	-RIIII	CAIL OF	DEATH		REG. NO	).		
. DECEDENT'S NAME (First, Middle, Last							ATE OF DEATH	MY	YEAR	3. TIME OF DEATH
VERNON DRA  I. SOCIAL SECURITY NUMBER			100 mm			0			94	4:45
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		F UNDER 1 YEAR	HOURS M		ATE OF BIRTH fonth, Day, Year)		Count	HPLACE (State or Foreitry)
217-26-5233	1 ★M 2 □ F	64	YRS.			A	ıg. 17,	1929	N.	Carolina
De. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION O	OF DEATH		9c. COUI	NTY OF	DEATH
Greater Baltimor	e Medical	Center		Balti:	more, M	D.		Ba	1.tin	nore Co.,
GESTOENCE OF DECEDENT 106. STATE 10b. COUN			I soc CITY	TOWN OR LOCA	TION	-				10d. INSIDE CITY
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6210 Norvo Rd.		more, MD			2120			US		
1. MARITAL STATUS  Never Married 2 Married	FORCES?	NT EVER IN U.S. ARI	MED		CENDENT OF HI pecify Cuben, M		IGIN? (Specify Yerto Rican, etc.)	s or No—		E — American Indian, ck, White, atc.
□ Widowed 4 □ Divorced	IF YES, GIVE	MAR OR DATES		1 🗆 YE	S 2 NO S	pecify:			Spec	Black
15. DECEDENT'S ED	HICATION	I see DE	CEDENT'S II	SUAL OCCUPAT	ION		ASS. VIND OF BU	I CONTROL ON THE	MATEM	
(Specify only highest grad	de completed)	(Gi		ork done during m			16b. KIND OF BU	SINESS/INE	JUSTAT	
Elementary/Secondary (0-12)	College (1-4 or 5	+)					77	- 01	7	
7. FATHER'S NAME (First, Middle, Last)			Orga	nist	10 4407115	C NAME (	Variou		rche	es
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Vander Drake							ckwell.		_	
							lumber, City or Tox			
Iolas Drake		_				timo	re, MD.			
Oa. METHOD OF DISPOSITION  Burlel 2 Cremation 3 Rei	moval from State	20b. PLACE A		DISPOSITION (A	lame of		DATE 20c. LO	OCATION —	City or To	own, State
44.4			on D-	wir Com	at aver		1 / 1 11 17	7 1 4 44	14.0	Manager al
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1. SIGNATURE OF FUNERAL SERVICE		AOUG	lon Pa	22. NAME /	AND ADDRESS C	F FACILITY	Nutter	Fune	ral.	Homes, I
I mest &	SCENSEE Em	1.1		22. NAME A	Gwynns	Facility Fall	Nutter Ls Park	Fune way B	ral alto	Homes, I
23. PART I. Enter the diseases, or ahock, or heart failure	complications the	at cevised the da	ath. Do no	22. NAME A	Gwynns	Facility Fall	Nutter Ls Park	Fune way B	ral alto	Homes, I
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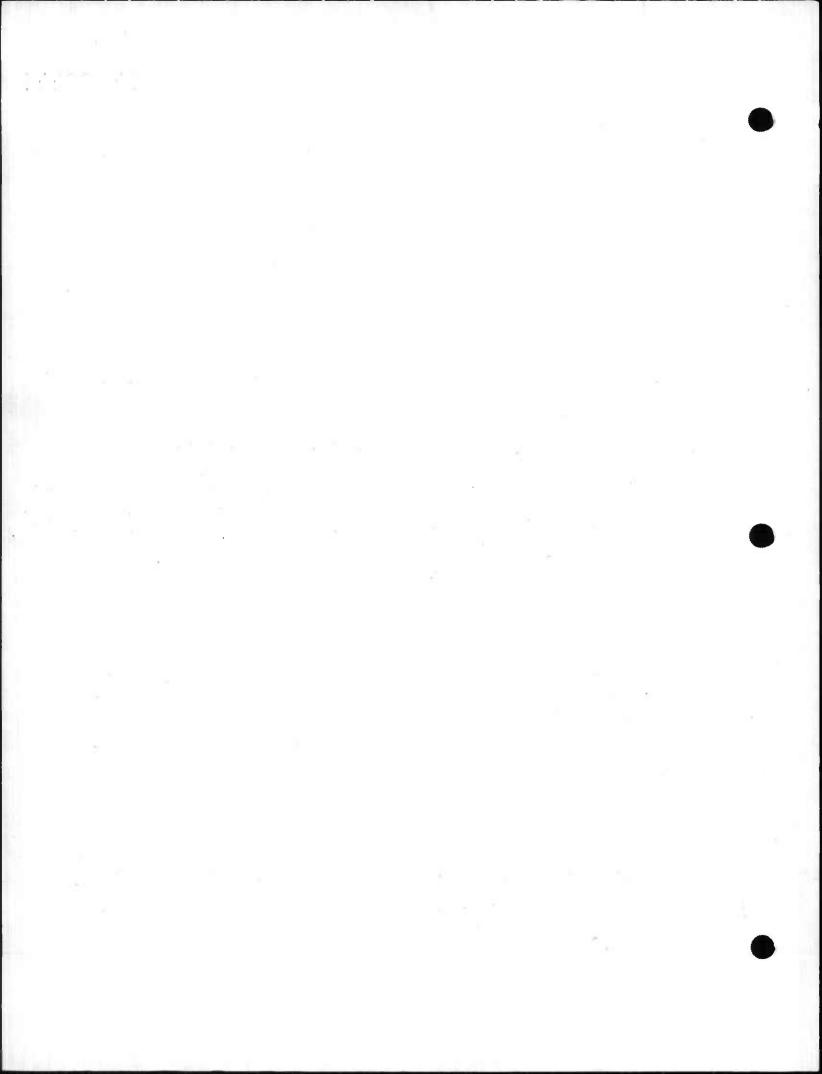
DIVISION OF VITAL BECORDS PO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the day after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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4YSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician. Fages 1, 2, 3 should his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF H		MENTAL HYGIE		94	00441
	1. DECEDENT'S NAME (First, Middle, Last)		_ ~				2. DATE OF OEATN MONTH	DAY	YEAR	3. TIME OF OEATH
	Elizabeth	I a arri		.any	7		1		94	9:00 a <sub>M</sub>
	1	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	
	215-03-3545  90. FACILITY NAME (If not institution, give a		83	Tria.	9b. CITY. TOWN C	PR LOCATION OF D	9 17 1	9TO		Maryland
NC BC	Sagra Road 56					timore		3C. COOK	11 01 52	Alli
CT	RESIDENCE OF DECEDENT			100						
DIRECTOR	Maryland	Ť			y, town on Locat Baltimo					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					. ZIP CODE		10g. CITIZ	EN OF W	1 YES 2 NO
FUNERAL	Sagra Road 5	627				21239				States
2 N	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AI	RMED	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Y	es or No-	14. RACE	- American Indian, White, etc.
BY I	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W				2 NO Specia		ì	Specifi	
	15. DECEDENT'S EDU	CATION	18e. Di	ECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF B	USINESS/INDU	JSTRY	WILLCE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us		st of working				
MP	6		НС	ome n	naker		Dome	stic		
00	17. FATHER'S NAME (First, Middle, Last)  Joseph	Kozlow	cki			18. MOTHER'S NA Apolo	AME (First, Middle, Meide	n Sumame)	071	nska
8	19e. INFORMANT'S NAME (Type/Print)	TOBLOW		D. MANU INIO	ADDRESS (011		Route Number, City or To			TOTAL .
5	Joseph Dulany	7	,"	Four	th Ave	. 3006	Balto.,	Md.	212	39
	20e. METNOD OF DISPOSITION		20b.PLACE	AND DATE (	OF DISPOSITION (No	me of	DATE 20c. L	OCATION — C	ilty or Tov	rn, State
	1 X Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	cemegra-ch	emat S t 8	mrslau	S	1/10 B	altim	ore	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1		W. Da	DADDRESS OF FA	Chojna	cki F	.н.	P.A.
	John (1.	Chomos	-h-							d. 21224
	23. PART I. Enter the disesses, or ahock, or heert fellurs.	complications that	caused the d	seth. Do n	ot entar the mo	de of dying, aud	h ae cardiec or res	piratory arre	at,	Approximate Intsrvai Between
	IMMEDIATE CAUSE (Finsi diseese or condition resulting in death)	. Crit	ical	_	iertic	St	enosis Failm			Onset and Death
		DUE TO	OR AS A CONSE	OUENCE OF	الله الله	o of	Failer			-112
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSE			- ( 0)	T WI MAN	~		
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	с								
1	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSE	OUENCE OF	F):					
빙		d							71	
AL.	PART I. Other significant condition	s contributing to	dssth but not	resulting i	n the underlying	g ceuse given in		N AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	Pernicions Mild Dem	Hrem	n ac				1 YES	2		COMPLETION OF CAUSE OF DEATH?
	Mila Dem	i wii (					_			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OEATN (C)	neck anly one)			
Sic	EXAMINER? YES 2 \( \square\) NO	HOSPITAL:	ER/Outpstient	B DOA	OTHER:		8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, Da	INJURY	28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCC	URED	
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rour)	1113		RK? YES 2 NO				
G	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At he etc. (Specify)	ome, farm, s	streel, fectory, offic		28f. LOCATION (Stree City or Town, Stat	t end Number ( e)	or Aural Ad	oute Number,
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PNYS)	ICIAN: To lie best of a	my knowledge, d	eath occum	ed at the time, date	end plece, end due	to the ceuse(s) end m	enner es state	d.	
O	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination end/or	Investigatio	n, in my opinion, d	eath occured at the	time, date end place,	and due to the	cause(e)	end manner ee stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIES	3/2	~m	-0	>	29c, LICENSE NU	MBER 0925	29d. DATE	SIGNED 7	Month, Day, Year)
2	Joyce A. Zeno		e of DEATH (ITE		7 7	3.1.1	Manage		010	
	00100 11. 20110	200 - 10	CII ILICI V	C11 1	JLVU. K	יחשודו ב	CP   VIATO	land	フーフ	39
	31. DATE FILED (Month, Dey, Year)	A REGISTRA	TS SIGNATURE		brva. B	altimo:	ce, Mary	Land	212	39



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G PHYSICIAN: The	

IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician,	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OF	TO THE FUNERAL DIF be filed within 72 hou	IMPORTANT: If Ites

1. DECEDEN	ENT'S NAME (First, Middle, L	ist)						2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Ger	raldine Eli:	zabeth Fer	kler					Jan	. 11,		FEAR	2:00 A.
	SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	-	IF UNDER 24 HRS.		OF BIRTH	15.5	8. BIRTI	IPLACE (State or Foreign
	-20-2058	1 □ M 2 🔯 F	68	YRS.	MONTHS	DAYS	HOURS MIN.		8, 1	925		ryland
	TY NAME (If not institution, g						R LOCATION OF D	EATH			NTY OF D	
	2 Nottingham				Gler	n Bu	rnie			Ann	e Ar	unde1
10e. STATE				10c. CIT	TY, TOWN O	R LOCATI	ION				-	10d. INSIDE CITY
Mary	yland Ani	ne Arundel		Gle	n Bur	rnie						LIMITS?
	ET AND NUMBER	100				10f.	ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
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11. MARITAL	= 11111111	12. WAS DECEDE	NT EVER IN U.S		13. V	WAS DECI	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Ye	e or No-	14. RACI	E — American Indian, k, White, etc.
	r Married 2 TMarried		WAR OR DATES				2 NO Speci		rican, etc.)		Spec	itv:
	15. DECEDENT'S		1.0									White
-	(Specify only highest g	rade completed)		(Give kind of life. Do NOT u.	work done d	during mos	st of working	166	. KIND OF BU	ISINESS/INC	DUSTRY	
	ntary/Secondary (0-12)	College (1-4 or 5		Homema				10	wn Ho	me		
17. FATHER'S	R'S NAME (First, Middle, Last,						18. MOTHER'S NA	AME (First, I	Middle, Maiden	Sumame)		
Frede	erick Bergm	an					Lillian	n Sch	aefer			
	RMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS	(Street ar	nd Number or Rural	Route Numi	ber, City or Tox	vn, State, Zip	Code)	1000
Thoma	as B. Ferkl	er, 3rd.		1122	Nott:	ingh	am Drive	e, G1	en Bu	rnie,	MD	21061
	OD OF DISPOSITION	lemoval from State		ACE AND DATE		ITION (Na	me of	DAT		CATION -		
	tion, 8 Other (Specify)		,	y, cremetory or u	ипегрівсе/				C1	on Di	irni	e, Marylan
			- G1e	en Have	en Me	m. F	Pk. 1-14	-94	91	en bu	YT III.	c/ mary ran
21. SIGNATU	URE OF FUNERAL SERVICE	LICENSEE	- L Gle	en Have	22. N	NAME AN	D ADDRESS OF FA	CILITY				c, imiyian
23. PART IMMEDIAT	TI. Enter the disesses, shock, pr heart fails	or complications th	et caused the	e deeth. Do (	22. N K: 42	irkl 21 C	ey-Ruddi ey-Ruddi rain Hwy de of dying, sud	ick F	unera E, Gl	1 Homen Bu	e rnie	
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ITEMS: 23 PART I, 27, PER MEO FILM G-707 1/12/94 t.t

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00443 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last)
ROY LEON FULTZ 3. TIME OF OEATH 2. DATE OF DEATH 01 02 8:10 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) 1-10-1939 232-60-7457 54 1 X M 2 - F VIRGINIA 9s. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 MONTGOMERY GENERAL HOSPITAL RESIDENCE OF DECEDENT SILVER SPRINGS MONTGOMERY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY SILVER SPRINGS MD 1 - YES 2 NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1316 HORNELL DRIVE USA 20905 retained by the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE ETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gree (Give kind of work done life. Do NOT use retired.) funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 TECHNICIAN NATIONAL SECURITY AGENCY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) CLARICE HUTCHINSON te ROY G. FULTZ BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 1316 HORNELL DRIVE, SILVER SPRINGS, MD 20905 PATRICIA FULTZ hours after death. Page 6 may be 200, METHOD OF DISPOSITION be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Buriel 2 Cremation 3 Removal from State FAIRVIEW CEMETERY 4 Donetion 5 Other (Specify) 1 - 6 - 94GORE, VA examiner 21. SIGNATURE OF FUNERAL SERVIPE LICENSEE 22. NAME AND ADDRESS OF FACILITY STALLINGS FUNERAL HOME, P.A. removal. 3111 MOUNTAIN ROAD, PASADENA, MD 21122 medicai Entar the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, abock, or seart fallure. List only one cause on each line. filled in by 23. PART 1. Enter the Approximate Interval Batween 6 IMMEDIATE CAUSE (Final Onset and Death cremation, the disease or condition resulting in death) an and completely fi to burial, cremation ATHEROSCLEROTIC CARDIOVASCULAR DISEASE event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): e death certificate be ex he attending physician a if sny, leading to immediate prior cause. Entar UNDERLYING CAUSE (Disease or injury other signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any YES 2 NO OF DEATH? Shows 1 YES 2 | NO PHYSICIAN: has by Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) H ATTENDING PHYSICIAN: The certificate h HOSPITAL: **EXAMINER?** OTHER: 1 XXES 2 NO 1 ☐ Inpatient 2XXER/Outpetient 3 ☐ DOA rsing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, NJURY 1 XXNatural М 1 YES 2 NO BY After death 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be COMPLETED DIFFICTOR: A 4 Homicide 29e. CERTIFIER (Check only one)
297 TABLETICAL EVANIMED: On the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. tion end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TURE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 01/04/94 O.C.M.E. Ite MY 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 JAN 12 1994 RECHSTRAN'S

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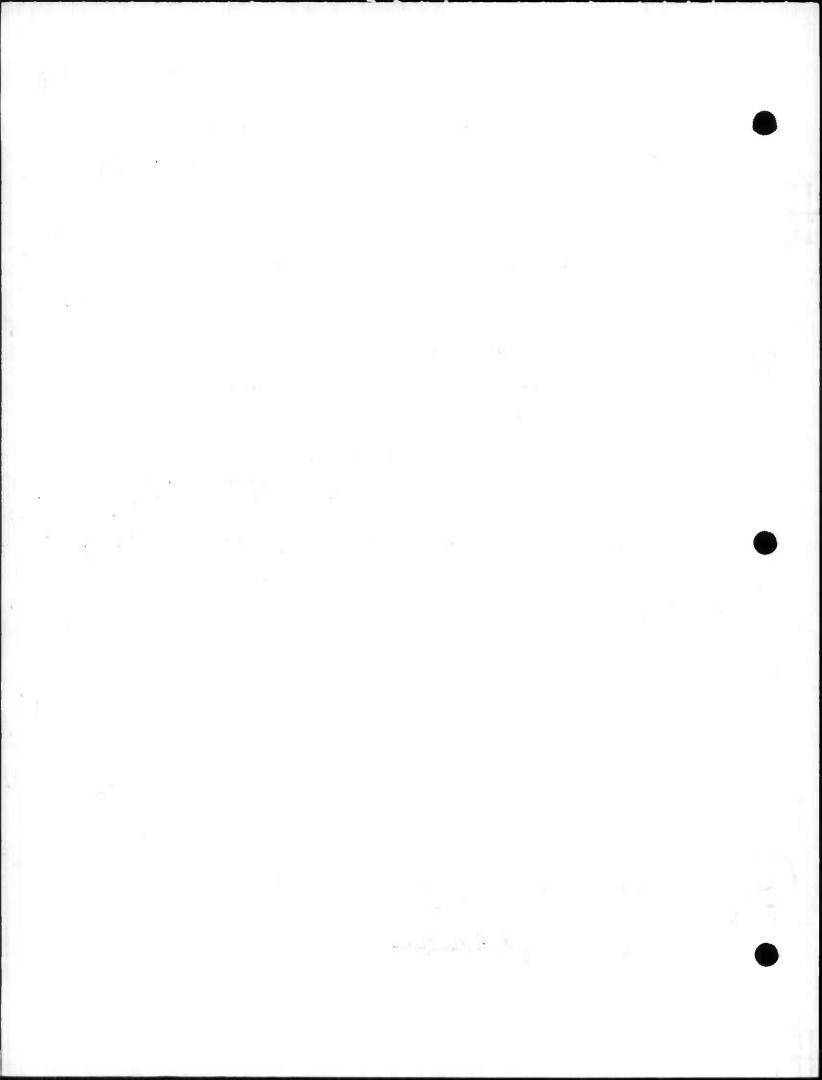
31. DATE FILED (Month, Day, Year)

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 January 8, 2:25 A. Theodore Carl Florenz, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 213-14-4632 1 M 2 F 74 YRS. Dec. Maryland 21,1919 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care Ruxton Ruxton Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Timonium 1 - YES 2 NO FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 201 Locknell Road 21093 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify ВУ Specify: White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION

(Che bind of work done during most of working ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Manufactory Representative Furniture Company's once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frederick W. Florenz, Sr. Edith Gundelach notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Pamela C. Florenz Same As #10 pe 20a. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremetion 3 □ Re
4 □ Donation 5 □ Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Tilltop Service Corp. 1/10/94 Towson, Maryland examiner 21. SIGNATURÉ OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. Map. 1050 York Road. Towson, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heert fallure. List only one ceuse on each line. interval Between Onset and Desth **IMMEDIATE CAUSE (Finel** the disease or condition resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 🗆 Realdence 8 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 Is marked, 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 8 Could not be 4 Homicide item 29a, CERTIFIER 1 ECERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and pieca, and due to the ceuse(a) and manner as stated. = 2 MEDICAL EXAMINER: On the r investigation, in my opinion, death occured at the time, date end piecs, and due to the cause(s) and manner as stated, MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Gilmore, M.D. 1717 York Road, Lutherville, Maryland 21093

32 REGISTRAR'S SIGNATURE



permit.

detached for use as the burial-transit

ohrs 31. DATE FILED (Month, Day, Year)

THE HIGH TALL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by to THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be befilled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cereation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

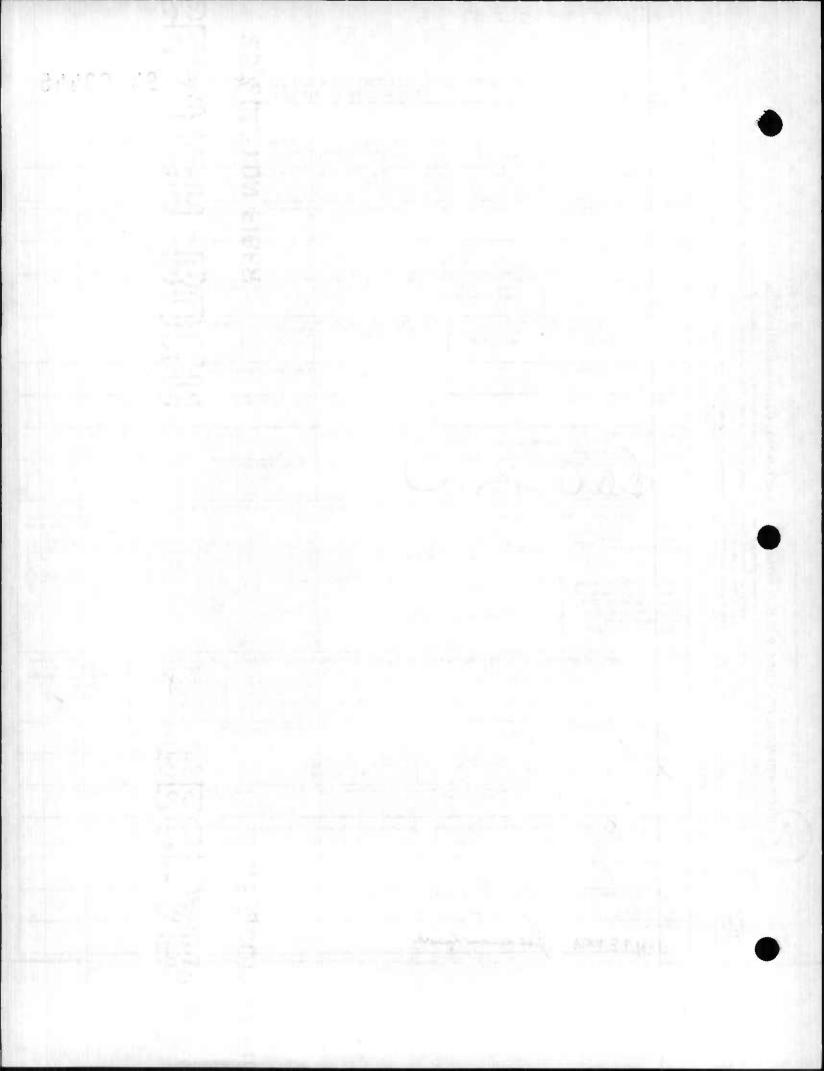
1 - FOR STATE REGISTRAR 00445 94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JANUARY 5 1954 BEATRICE GRAY 10 : 03 P w 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 183-20-6594 YRS 3-10-1918 NORTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE CITY 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZiP CODE 10g. CITIZEN OF WHAT COUNTRY? 3600 W. FRANKLIN STREET 21229 IISA. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married BY 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) MD. GLASS COMPANY 17. FATHER'S NAME (First, Middle Lest) 16. MOTHER'S NAME (First Middle Maiden Surname) CLEOPHAS GRAY SALLIE BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ARTINAIS LORETTA BEARD 2418 EDMONDSON AVENUE. MD BALTIMORE 20a. METHOD OF DISPOSITION

1 □XBurlal 2 □ Cremation 3 □ Ramovat from State

4 □ Donation ▼ ○ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State ARBUTUS MEMORIAL PARK ARBUTUS, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mods of dying, such as cerdiec or respiratory arrest, shock, or hasrt failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final small and large disease or condition 1 day resulting in death) QUE TO (OR AS A CONSEQUENCE OF OSCULAND BEASE yaces CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 NO OF DEATH? 1 | YES 2 | 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH

1 Netural 5
2 Accident 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CONTINUES 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE M.D. 2 COMPLETED CAUSE OF DEATH (ITEM 27), (Type, Print) 30. NAME AND ADDRESS



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5. SEX 6. AGE (In yrs. 1  M 2 T F 86  eet and number)	last birthday)	PENHOFF		2. DATE OF DEAT		YEAR 3. 1	TIME OF DEATH	
1 M 2XXF 86		E IMPER 1 YEAR			0 1007		4:15 pm "	
The state of the s	_	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Sept. 10	,1907	OHIO	CE (State or Foreign	
1142			R LOCATION OF DE				of DEATN <b>altimore</b>	
more		TOWN OR LOCAT					I. INSIDE CITY LIMITS?	
		101.	ZIP CODE	1212	10g. CITIZE	U.S	COUNTRY?	
		If yes, spe	city Cuben, Mexica	n, Puerto Rican, atc	y Yee or No— 1-	Black, Wt	Americen Indien, hite, atc. White	
completed)	(Give kind of wor life. Do NOT use i	k done during mos retired.)	N t of working	16b. KIND OF	BUSINESS/INDU	STRY		
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val from State cemetery, o	crematory or othe	lley Mer	n. Gdns.	1/12/94				
Rart hy	hat	Mi	chell-W	iedefeld k Rd. 21	Home 21.2			
UROSEPSIS	ne. V	enter the mod	le of dying, suc	h as cardiac or r	espiratory arres	st,	Approximate interval Between Onset and Death DAYS	
DEHYDRATION DUE TO (OR AS A CONS ALZHEIMER'S DI DUE TO (OR AS A CONS	SEASE SEQUENCE OF):	ACCIDEN'					1-2 DAY8 YEARS 1991-1994	
contributing to death but no	t resulting in			PEI	RFORMED?	AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 1 NO	
HOSPITAL:		THER:						
28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ	JRY AT			REO		
28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, stre	set, factory, office				Rural Route	Number,	
							d manner ee stated.	
los, me	)		29c, LICENSE NUI	MBER	29d. DATE	SIGNED (MO	nth, Day, Year) 94	
	FORCES? 1 YES 2X IF YES, GIVE WAR OR OATES  ATION completed)  College (1-4 or 5 +)  16e.  20b. PLAC cometery. DUT a  ENSEE  OUE TO (OR AS A CONS ALZHEIMER'S D DUE TO (OR AS A CONS ALZHEIMER'S D DUE TO (OR AS A CONS CEREBRAL VAS  CONTIDUTING to death but no DMY  SICK SINUS SYND  COMPLETED CAUSE OF INJURY  28e. PLACE OF INJURY 29e. PLACE OF INJURY 29e. PLACE OF INJU	ATION CORPIETED CAUSE OF DEATN (ITEM 27) (Type, P.	FORCES? 1 YES 22 NO If yes, spe If YES, GIVE WAR OR OATES  ATION   166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)  ATION   169. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)  ATION   199. MAILING ADDRESS (Street at 11101 Old Carl 11101 Old Ca	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2 2 NO   IF YES, GIVE WAR OR OATES   13. WAS DECENDENT OF NISPAR PORCES? 1   YES 2 2 NO   IF YES, GIVE WAR OR OATES   16. DECEDENT'S USUAL OCCUPATION   College (1-4 or 5 +)   16. DECEDENT'S USUAL OCCUPATION   If DO NOT use retired.)   16. MOTHER'S NA   Edn   19. MAILING ADDRESS (Street and Number or Rural III)   If No NOT use retired.)   18. MOTHER'S NA   Edn   19. MAILING ADDRESS (Street and Number or Rural III)   If No NOT use retired.)   19. MOTHER'S NA   Edn   19. MAILING ADDRESS (Street and Number or Rural III)   If No NOT use retired.)   19. MOTHER'S NA   Edn   19. MAILING ADDRESS (Street and Number or Rural III)   If No NOT use retired.)   19. MOTHER'S NA   Edn   19. MAILING ADDRESS (Street and Number or Rural III)   If No NOT use retired.)   19. MOTHER'S NA   If No NOT use retired.)   19	If yes, specify Cuben, Mexican, Puerto Rican, stating is the yes, specify Cuben, Mexican, Puerto Rican, stating is the yes, specify Cuben, Mexican, Puerto Rican, stating is the yes, specify Cuben, Mexican, Puerto Rican, stating is the yes, specify Cuben (I was refined)   166. DECEOENT'S USUAL OCCUPATION   160. KIND Of Confedence (I was refined)   160. KIND Of Co	13. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   2000   19 ves. Give war on outer   1   Yes 2   2000   19 ves. Give war on outer   1   Yes 2   2000   19 ves. Give war on outer   1   Yes 2   2000   19 ves. Give war on outer   1   Yes 2   2000   19 ves. Give war on outer   1   Yes 2   2000   19 ves. Give war of working   10   10   10   10   10   10   10   1	13. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   YES 2000   13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Medican, Puerfo Rican, stc.)   14. RACE — Blieck, Win yes, specify Cuben, Medican, Puerfo Rican, stc.)   14. RACE — Blieck, Win yes, specify Cuben, Medican, Puerfo Rican, stc.)   14. RACE — Blieck, Win yes, specify Cuben, Medican, Puerfo Rican, stc.)   15. WAS DECEDENT'S USUAL OCCUPATION (Cive bird of work dose during most of working like.)   16. DECEDENT'S USUAL OCCUPATION (Cive bird of work dose during most of working like.)   16. MOTHER'S NAME (First, Middin, Midden Summers)   16. MOTHER'S NAME (First, Middin, Midden Summers)   17. Models, Middin, Midden Summers)   17. Models,	

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ATT THE THE THE PERSON OF THE

STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last)

DAS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 213-10-9582 1 M 2 | F 84 YRS JULY 4. 1909 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ST. ELIZABETH NURSING HOME BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 1120 GLORIA AVENUE 21227 after death. Page 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married 1 TES 2 X NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY è Elementary/Secondary (0-12) College (1-4 or 5+) detached 7TH GRADE TAILOR once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) the funeral director, page 5 should be notified at JOHN GLEBAS MONICA BUCHNESS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRANCES A. GLEBAS 1120 GLORIA AVENUE-BALTIMORE, MD. 9 20a. METHOD OF DISPOSITION
1 XBurlal 2 Cremetion 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 Surial 2 Cremation 5 L 4 Donation 5 Other (Specify) LOUDON PARK MAUSOLEUM 11/1221. SIGNATURE OF FUNERAL SERVICE MCENT examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC 4107 WILKENS AVENUE-BALTIMORE, MD. (M) eserous medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by 0 IMMEDIATE CAUSE (Final DIRECTOR: After this certificate has been signed by the attending physician and compietely fille hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) within neumone traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Progressin 5-premulear CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury requires that the death certificate or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: ne 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nurs 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 if item 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL ( HOSPITAL 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 里里 BE ulln M In 30 3 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RUSSERC 31. DATE FILED (Month, Day, Year) WILLIAM 3320 BONSON M AVE BARD MP 2122

32. PEGISTRAR'S SIGNATURE

1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

JOSEPH JOHN GLEBAS

REG. NO.

2. DATE OF DEATH

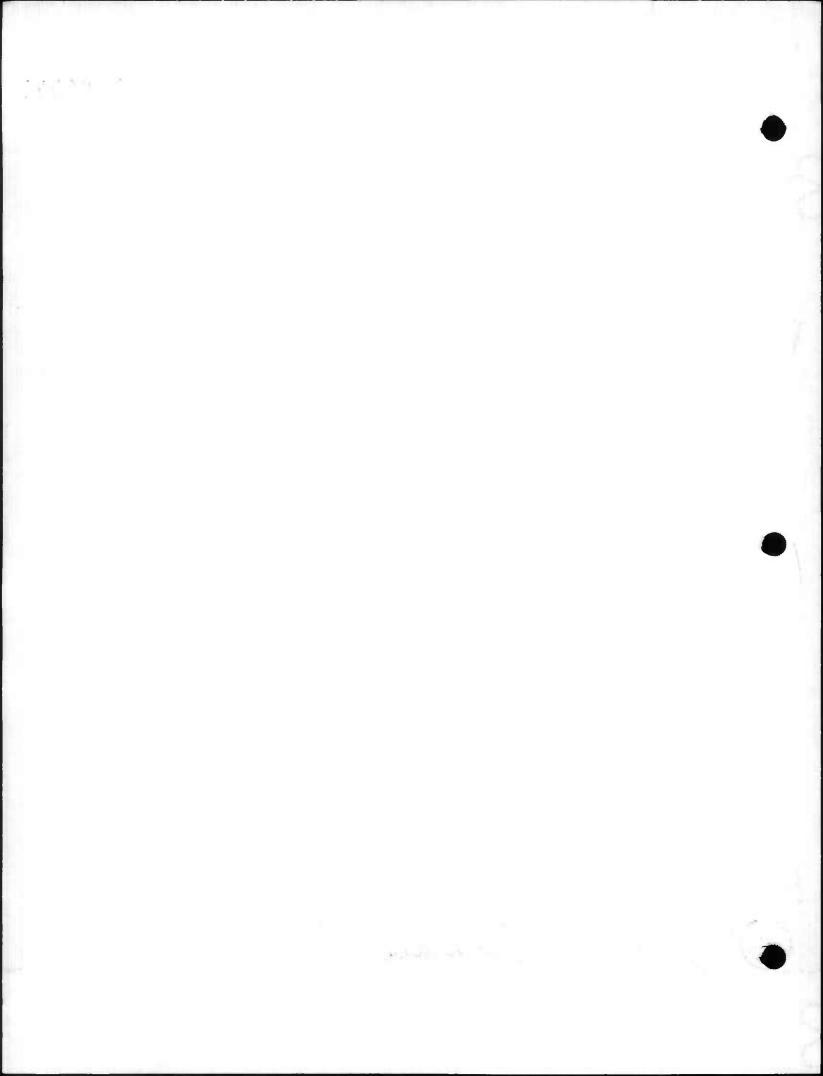
00447 3. TIME OF BEATH EAR 8. BIRTHPLACE (State or Foreign BALTIMORE.MD 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 TES ZENO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. WHITE CLOTHING MANUFACTURING 21227 20c. LOCATION -- City or Town, State BALTIMORE 21229 Approximate Interval Betwee Onset and Death 124, Years 24b. WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

OHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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nours after death. Page 6 may be retained by the hospital or attending physician.	Filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pagion, or removal.	the manufacture of the second
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	HENDARTH MINE OF It marked on the Control and Control of Control o

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00448 1 -CERTIFICATE OF DEATH REG. NO. 2 DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH DOROTHX FRAV MUARY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 218-12-35 1 M 2 X F October 23,1910 North Carolina 2. 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore toe. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 NO Maryland FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 2307 Harlem Avenue USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. t Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Bl.ack COMPLETED tee. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Dist. of Columbia Schools Teacher 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Turner Anderson BE Susan Weaver 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Dorothy Simpson 4222 Ridgewood Avenue Baltimore, MD 21215 20a. METHOD OF DISPOSITION
1 V Burlal 2 Cremation 3 Removal from State
4 Donation 8 Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, cremetory or other place, Kino Memorial. Park 1/13 Baltimore County, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 Baltimore, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse pr condition ('EPSIS reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) with Respiratory Failure DNEUMONIA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE Hypertension t TYES 2 NO Urinam Tract luke ( sion PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Appatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 6 | Residence 6 | Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 200. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE January 8, 1994 Walmasuf MD SINAI HOSPITAL 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHIN)
C, VALMADRID , MD & SINAI HOSPITAL

SINAI HOSPITAL OF BALTIMORE, BALTO, MD 21215





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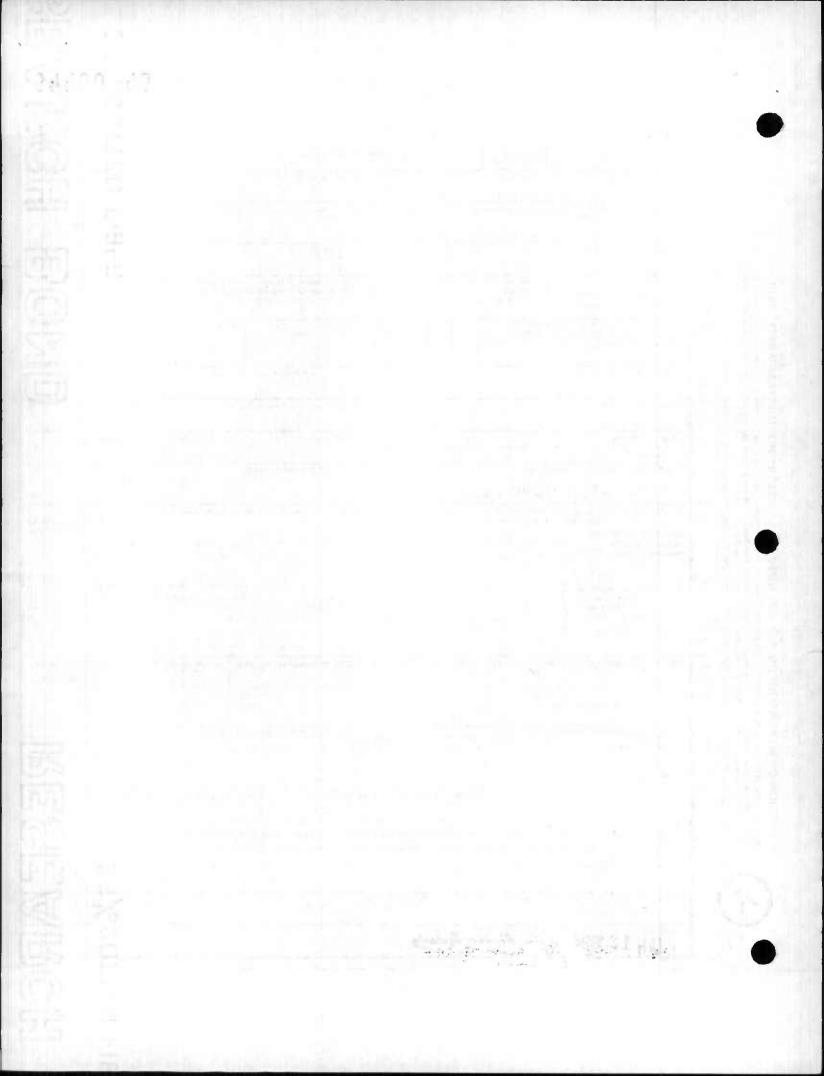
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TEN	OH:	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: Il tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIE	NE
		C	ERTIFICATE	0	F DEAT	TH		REG. N	MO.

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR					MENTA	L HYGIEN	-	94	00449
13	1. DECEDENT'S NAME (First		М.	Gr	000	0				2. DATE MONT	OF DEATH	DAY C	YEAR	3. TIME OF DEATH
11	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	1, 7	S, BIRTHI	PLACE (State or Foreign
	212-22-3951		1   M 2   F	68	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) 24/192	) E	Country	)
79	9e. FACILITY NAME (If not in		street and number)	00		9b. CITY	, TOWN C	R LOCAT	ION OF D		24/192		INTY OF DE	OHIO
DIRECTOR	North we st		spital	spital Center Randallstown								В	altim	ore
JEC	10e. STATE	106. COUNT	Y		10c. CIT	ry, town o	R LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland		Baltimo	Baltimore Lochearn						arn			- 71	1 YES 2 NO
AL	10e. STREET AND NUMBER			101. ZIP CODE								10g. CI	TIZEN OF W	NAT COUNTRY?
ᇤ	6608 Liber	ty Ter	race							2120	)7	Uni	ited S	States
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 \$7 NO Ity					S DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—					14. RACE — American Indian, Black, White, etc. Specify: Caucasian	
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)	(	ECEDENT'S Give kind of le. Do NOT u	work done	CCUPATIO	ON st of work	ing	160	, KIND OF BL	JSINESS/IN	DUSTRY	
MPLE	High School		College (1-4 or 5		memal	ker						Но	me	
	17. FATHER'S NAME (First, M		Roxy Ber	rv				18. MO	THER'S NA		Middle, Meider izabet		ackey	
BE	19e. INFORMANT'S NAME (		201		9b. MAILING	G ADDRESS	3 (Street e	nd Numbi	or or Rural		ber, City or Tox			
10	William S.								ace		timore			
	20e. METHOD OF DISPOSIT  1 □ Burlel 2 □ Cremetic  4 □ Donation 8 □ Other		oval from State	cemetery c	rematory or C	other place!			C 1	/11/	94 Han		ad M	
	21. SIGNATURE OF FUNERA		CENSEE	Joanne	711 0	22.	NAME A	ID ADDR	ESS OF FA	CILITY				
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	23. PART I. Enter the d				D-									21133-4784   Approximate
	ahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	aart fallure.	List only one can	O (OR AS A CONSI	na.	750								Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST													
MEDICAL	PERFORMED?  1 YES 2 NO OF DE									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
A	25. WAS CASE REFERRED T	D MEDIC:					44.4	107.55						
2	EXAMINER?	O MEDICAL	HOSPITAL:	V		OTHE		ACE OF	DEATH (C	heck only o	ne)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5	Pending	1 Inpatient 2		28b. TII		28c. INJ WC	URY AT		7	or (Specify) SCRIBE HOW	INJURY O	CCURED	28
TED BY	2 Accident	Investigation Could not be determined	M 1 YES 2 NO  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Rou-City or Town, Stete)							oute Number,				
COMPLETED	29e. CERTIFIER (Check only one)  29e. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  20e. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.													
BE CO														
10	30. NAME AND ADORESS O	F PERSON WH	O COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Typ)	e, Print)	65		7 -	Ré	=157	ER	500	own Ho
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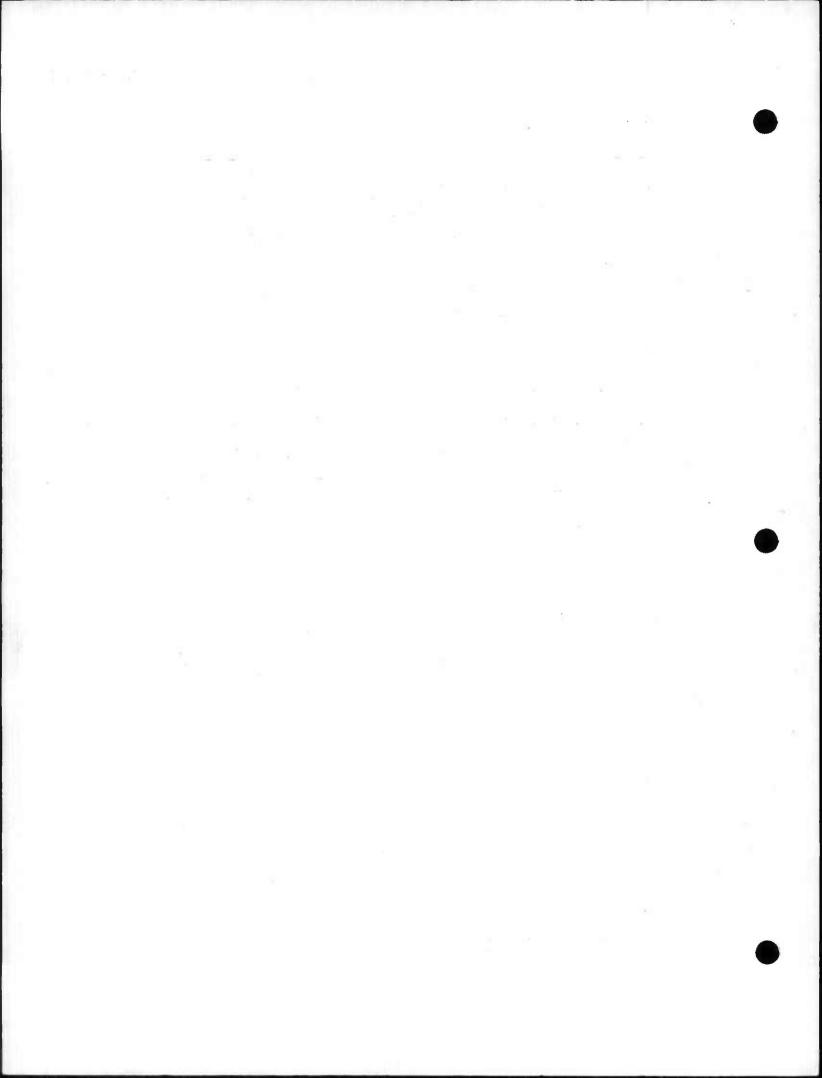


Item1 1-13-94 FilmG707 W.H. Per F/H

94 00450 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH Griffith HEHOM 90 **JOSEPH** A. M CRIFFIH 11:50 W. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 6. BIRTNPLACE (State or Foreign 213-05-5433 1 M 2 - F 78 1-22-1915 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO permit. FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 7604 Poplar Road 21222 United States retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, stc.) RACE — American Indian, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married 1 YES 2 KNO Specify: BY Specify: 3 Widowed 4 Divorced White Armu WW II ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 6th Grade Packer Esskay Company 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Joseph A. Griffith Magdalena Knorr notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs. Mary C. Griffith 7604 Poplar Road Dundalk. Maruland 2 must be 20a. METHOD OF DISPOSITION
1 □ Burial 2XIX.Cremetton 3 □ Removel from State hours after death, Page 6 may ed in by the funeral director, pag 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE Hilltop Service Corp. 1/11/94 4 🗆 Donation 5 🗀 Other (Specify) Towson, Maruland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND AGORESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. . Libbs spring 7922 Wise Ave. Dundalk. Maryland 21222 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or hear failure. List only one cause on each line. medical filled in by Approximate interval Between 6 IMMEDIATE CAUSE (Fine) Onset and Death event, the cremation. diseese or condition an and completely fi to burial, cremation resulting in deeth) e. Arteriosclerotic Cardiovascular Disease DIVISION OF VITAL RECORDS, P.O. BOX 68760 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician and Health and Mental Hygiene prior to if any, leeding to immediate requires that the death certificate be cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST 5 PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO эпу COMPLETION DF CAUSE 1 TYES 2 NO DE OFATH? Shows INQUIRY 1 YES 2 NO been if Dept. PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER: 1 X YES 2 NO 1 | Inpatient 2 | XER/Outpatient 3 | DOA OR ATTENDING PHYSICIAN: 4 Nursing Nome 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT thus c 26b. TIME OF 28d. OESCRIBE HOW INJURY OCCUREO marked, WORK? 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY After 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) -3 Suicida 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED ORECTOR: 28 4 Nomicide 29s. CERTIFIER

(Chack only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 X MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 1-8-1994 livete up P P 2 X 2 30. NAME AND AGORESS OF PERSON AND COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Dennis Chute M.D. 111 Penn Street, Baltimore, Maryland 32, BEGISTRAR'S BIGNATURE 31. DATE FILEO (Month, Day, Year)

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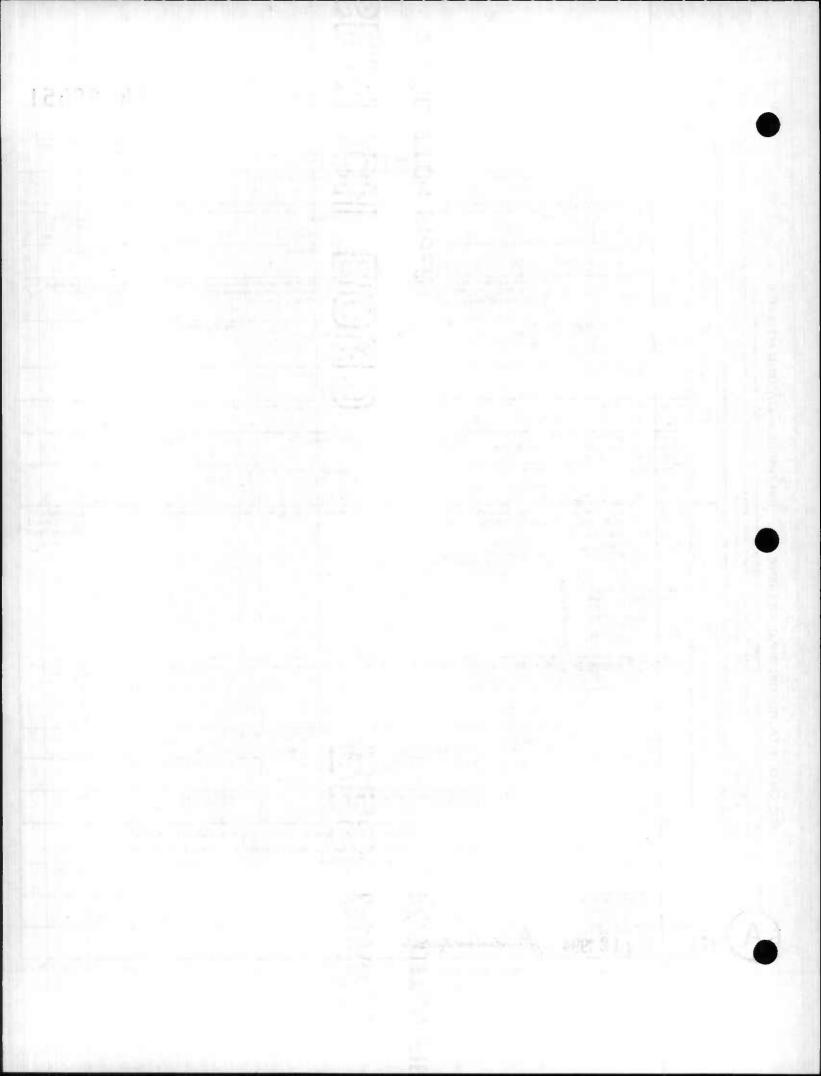


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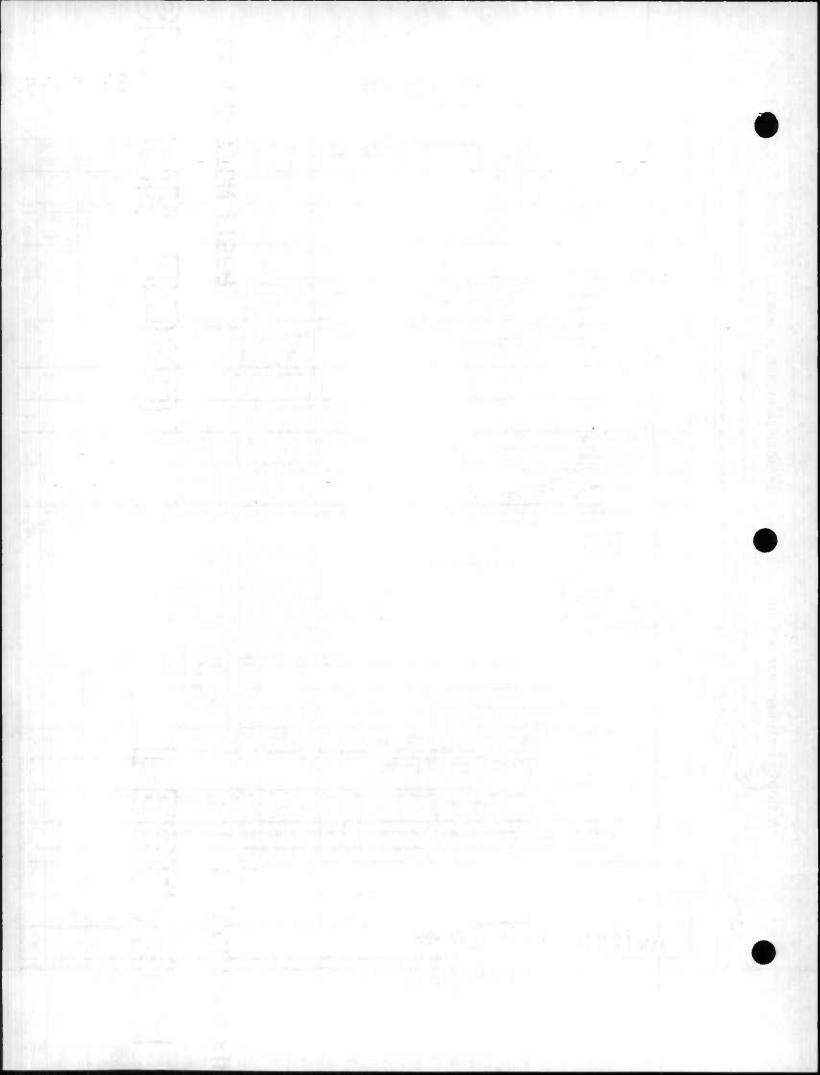
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	,
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	3	1. DECEDENT'S NAME (First, Middle, Las	t)							2. DATE OF D	DEATH		3. 1	TIME OF OEATH
		MYRTLE C. GREENLAND								01-08-94 YEAR 7			7:05 P. M	
		4. SOCIAL SECURITY NUMBER 215-56-5590	5. SEX	5. SEX 8. AGE (In yrs. lest birthday)			1 YEAR DAYS	HOURS	24 HRS. MIN.	(Month, Day, Year)		8.	8. BIRTHPLACE (State or Foreign Country)	
should		9a. FACILITY NAME (If not institution, giv		74	ina.	Oh CITY	TOWAL A	OR LOCATIO	N OF DEA		3-18		MAR'	YLAND
S Sho	Œ	KESWICK	on our and numbery			Bu. OII 1.						E. COUNT	T OF DEAT	
2,	CTOR	RESIDENCE OF DECEDENT					DA	LTIM	IUKE	CIT	Y			
Pages	DIREC	MARYLAND 106, COUR	пγ		10c. CIT	Y, TOWN O		LTIM	ORE	CIT	'Y		1377	. INSIDE CITY LIMITS? YES 2 NO
sit permit.	BAL	100. STREET AND NUMBER 715 EAST	LAKE	AVENUE		12	10	r. ZIP CODE	212	12	10	_		COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS  1 Never Merried 2 Merried  WWidowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES XX WAR OR DATES	IMED NO	-	f yes, sp	ENDENT OF	n, Maxican,	C ORIGIN? (Sp Puerto Rican	pecify Yea or I		RACE — A Black, Wh Specify:	Americen Indian, lita, etc.
ttendin	ED	15. DECEDENT'S E	DUCATION	16a, DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KING	O OF BUSINE	SS/INDUS		ITE
21 al or for u		(Specify only highest gra Elementary/Secondary (0-12) 12 YEARS	College (1-4 or 5	(G	live kind of Do NOT u	work done of se retired.)  IEMA	during mo	ist of working	g		O	WN	HOM	E
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) ART	HUR FE	NTON C	LARI	K		18. MOTH		E (First, Middle	n, Maiden Surr	,		
	TO B	19a. INFORMANT'S NAME (Type/Print) C. MAXSON GRE	ENLAND (							oute Number, Co	-			21212
BALTIMORE, I ter death. Page 6 may be the funeral director, page wal.		20a. METHOD OF DISPOSITION    Burial 2   Cremation 3   Re   4   Donation 5   Other (Specify)	moval from State	20b. PLACE cemetery, cre BAK	matory or o					0ATE	20c. LOCAT			State . , MD .
Page al dire		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	_ DAK	LIN	-		ND ADORES		LITY			) (0	, HD.
BALTIMOR after death. Page 6 ma wy the funeral director, proved.		· R. J. Ru					905		K R		ALTI	MORI	E, MD	ONS 21212
y filled in the		23. PART I. Enter the disease, o shock, or heart feliur IMMEDIATE CAUSE (Final disease or condition	e. Liet only one ce	et coused the debuse on each line	ð.	not enter			ng, auch	as cerdiec	or reepireto	ory arrea	nt,	Approximata Interval Between Onset and Death 5 YRS.
68760, executed within and completely fill o burial, cremation.		resulting in death)	DUE TO	O (OR AS A CONSE	OUENCE O	F):			СТТ	ON	-			2 DAYS
BOX 68 cate be executively sician and control purish to buring the prior to buring the traumatic	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  ACUTE MYCARDIAL INFARCTION  2 DAYS  DUE TO (OR AS A CONSEQUENCE OF):										Z Billo		
certification physiene pygiene	CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST												
S, F death death death lemtal		PART II. Other significent conditi	one contributing to	o death but not i	resulting	In the un	derlyin	g ceuse g	iven in P	art I. 24e.	. WAS AN AUT		24b. WEF	RE AUTOPSY FINDINGS
COR res that igned by ealth an	MEDICAL									_ 10	PERFORMED YES XX		OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
RE requ	85												,,,	YES 2 NO
/ITAL N: The law ficate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DE						
F VIT.	YSI	1 TES XXNO		☐ ER/Outpatient 3	□ DOA	XXNun	t: sing Hon	ne 5 🗆 Res	sidence 8	☐ Other (Spi	eclfy)			
ON OF VITAL ING PHYSICIAN: The law wher this certificate has eath with the State Dept marked, or Nem 23	ВУ РН	27. MANNER OF DEATH    Netural 5   Pending   P		F INJURY Day, Year)	28b. TIR	NE OF JURY M	WC	IURY AT ORK? YES 2 [		28d. DESCRIB	BE HOW INJU	RY OCCU	RED	
TISIC TTEND STOR: A after d after d 28 is		3 Suicide 6 Could not b	28e. PLACE building	OF INJURY — At ho g, etc. (Specify)	ome, farm,	street, tact	ory, offic	•		281. LOCATION City or Tox		Number or	Rural Route	Number,
OR OIRE	COMPLETED		29s. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.											I manner as stated,
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	BE	29b. SIGNATURE AND TITLE OF CERTIF	IER ) els	e d n	10		TI,		1248		29		1 - 1 (	nth, Day, Year) )-94
FEDE	10	30. NAME AND ADDRESS OF PERSON OF PE	WILSON	JR. M.			ST	UNIV	ERS	ITY P	KWY.	, BAI	TO.	21218 MD.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	1. DECEDENT'S NAME (First, Middle, Last)	Augu	stina	Marga	ret Goe	etz	2. DATE O MONTH	F DEATH DA	19	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	- 1	8. BIRTHE	PLACE (State or Foreig
	219-05-4044	1 🗆 M 2 💢 F	76	YRS.	MONTHS DAYS	HOURS MIN.	(Monen, 5⊶	28-19	17	Country	"Marylan
OR	9a. FACILITY NAME (If not institution, give a 7824 Gough Street					on Location of D Undalk	EATH		9c. COUNT		imore
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ		10c. CI	Y, TOWN OR LOCA	ATION					10d. INSIDE CITY
DIRECTOR	Maryland		Baltimo	1	., ., ., ., ., .,		Dun	dalk			LIMITS?
	10e. STREET AND NUMBER				1	Of. ZIP CODE	0 0077	otobele.		EN OF WI	HAT COUNTRY?
FUNERAL	7824 Gough Str	eet				21	224		Un	ited	l States
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S 1 YES 2 WAR OR DATES	NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic: S 27 NO Specif	en, Puerto Ri		or No— 1		- American Indian, Whita, atc.
8	15. DECEDENT'S EDU	CATION	16a	DECEDENT	USUAL OCCUPAT	TON	16b. I	CIND OF BUS	SINESS/INDU	ISTRY	
Щ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	5+)	ille. Do NOT u		nost of working		385			
COMPL	9th Grade			Home	naker				n Hom	e	
	17. FATHER'S NAME (First, Middle, Last)  JOSEPH Pistoria	0				18. MOTHER'S NA		ddle, Maiden	Surname)		
BE	19a, INFORMANT'S NAME (Type/Print)	U		106 14 40 1414	AODBERG (Parent	Sadie  and Number or Rural		. 64	- Canal Time	Do do!	
5	Shirley A. Kuli	Siouring.				Drive N					349
	20a, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem		20b. PLA	CE AND OATE	OF OISPOSITION (	lame of	OATE	20c. LO	CATION - CI		
	1 🖾 Buriel 2 🗆 Cremation 3 🗎 Rem 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	_ cemetery	cremetory or of Lawn	Cemete)	ry 1/10/					Marylan
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME	AND ADDRESS OF FA	CILITY				
		11									6 7.00
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Me	ASTO	ine.	7922 not enter the m	Wise Ave	. Du	ndalk	, Mar	ylan	Approximate interval Betw
TIFICATION	shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if smy, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO	et coused the Buse on asch  O (OR AS A COM  O (OR AS A COM  O (OR AS A COM	HINE.	7922 not enter the m	Wise Ave	. Du	ndalk	, Mar	ylan	Approximate Interval Betw
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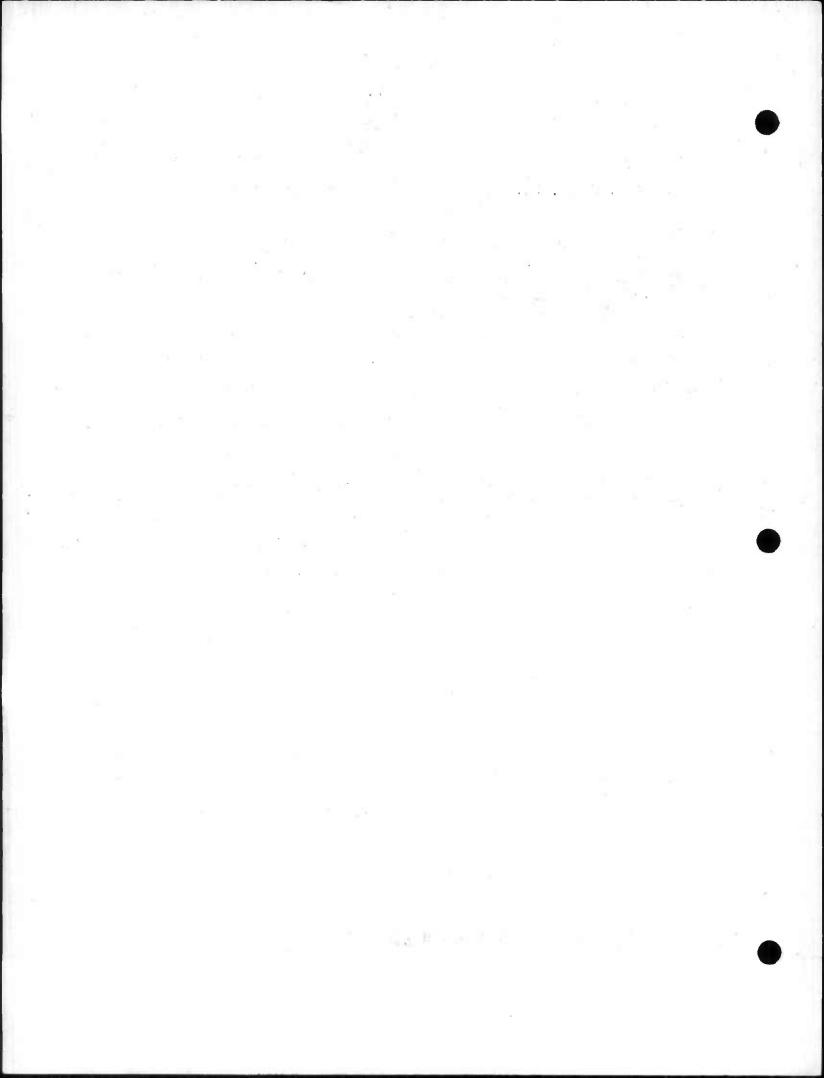


BOX 68760. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OSPITAL INERAL Ithin 72 h
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable flow with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				HYGIENE REG. NO.	9	4	004	53
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN RONA	.LD		HOLZIN	IGER	2. DATE OF	DEATH 05	5 9°	EAD	TIME OF DE	Р. м
i	4. SOCIAL SECURITY NUMBER 219-40-7209	1 M 2 □ F 51	240	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)		BIRTHPLA Country) MARY	CE (State or	Foreign
TOR	99. FACILITY NAME (If not institution, give sti UNION MEMORIAL RESIDENCE OF DECEDENT		9		MORE C			9c. COUNTY	OF DEAT	н	
DIRECTOR	100. STATE 10b. COUNTY MARYLAND		240	TOWN OR LOCAT	ION					I. INSIDE CIT LIMITS?	
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZE		COUNTRY?	
JNE	402 S. GILMOR STRE	EET  12. WAS DECEDENT_EVER IN	U.S. ARMED	13. WAS DEC	2122 ENDENT OF HISPA		Specify Yes	U.S		American Inc	flen
B≺	11. MARITAL STATUS 1 XXXX MAXIB 1 Z F Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	city Cuben, Mexico 2 NO Specif	en, Puerto Ric	en, atc.)		Black, W	WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo:	N at of working	16b. K	IND OF BUS	INESS/INDUS	TRY		
APLE	12th GRADE	College (1-4 or 5+)	COMMUNIC			ST	JNPAPI	ERS			ĺ
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			Surname)			
8	PETER J. HOLZINGER  190. INFORMANT'S NAME (Typo/Print)	(	THE MAILING A	000000 (0)	LULA M						
2	LULA MAY HOLZINGER	Ł			R STREET		,		/	223	
	20a. METHOD OF DISPOSITION 1 \( \bar{\Delta} \) Buriel 2 \( \bar{\Delta} \) Cremation 3 \( \bar{\Delta} \) Remo 4 \( \bar{\Delta} \) Donation 5 \( \bar{\Delta} \) Other (Specify)		PLACEAND DATE OF letery, cremetory or other. ADOWRIDGE	DISPOSITION (Ne	ne ot	DATE	20c. LOC	RIDGE,	or Town,		
	21. SIGNATURE OF PUHENAL SERVICE TO		<b>7</b>	22. NAME AN HUBBAI	P ADDRESS OF FA RD FUNER VILKENS	AL HON	ME INC	J.		212	20
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	B. PULMON DUE TO (OR AS A	CONSEQUENCE OF:	ROMBO		LSin	c or respir	atory srrest		Approxir Interval ( Onset ar	Between
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (	PART II. Other significent conditions	s contributing to death bu	ut not resulting in	the underlying	cause given in		PERFORM	MED?	CO OF	RE AUTOPSY ILABLE PRIOR MPLETION OF DEATH?	CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	neck only one)					
IXSI	1XXES 2 □ NO 27. MANNER OF DEATH	1 Ninpatient 2 ER/Outpi	atlent 3 DOA 4	☐ Nursing Home	5 🗆 Reeldence						
	1 Natural 5 Pending	(Month, Day, Year) 12-30-199	93 UNK	ry wo	JRY AT RK? ES 2 XXO			FELL		ICE	
red BY	Accident Investigation  3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Speci	- At home, ferm, stre	et, factory, office		26f, LOCAT	ION (Street ar	ND FELL ON ICE treet and Number or Rural Route Number, State) R STREET			
COMPLETED		CIAN: To the best of my knowle	edge, death occurred	st the time, date		to the ceuse	(e) end men	ner es stated.		d menner ee	atated.
	296, SIGNATURE AND TITUE OF CERTIFIER				29c. LICENSE NU			29d, DATE S			_
TO BE	Hun A Ha	d-11 1			O.C.M				-19		
-	MARIO + GOL	I. TRIMO	111 Pa		reet, 1	Balti	more	, Mar	ryla	nd :	2120
	31. DATE JAN 102 1994	giche Devreson	n-Andre								



FOR STATE REGISTRAR 00454 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 96 1. CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 JOHNNIE LEE HUDSON 01 8:00 06 PM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 214-64-5872 HOURS 1 X M 2 - F 36 8-16-1958 MARYLAND Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL BALTIMORE 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE CITY permit. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit 221 SOUTH HILTON STREET USA 21229 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 X Never Merried 2 Merried It yes, specify Cuben, Mexicen, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify BY Specify: 3 Widowed 4 Divorced BLACK 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade COMPLETED 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) CUSTODIAL BALTIMORE CITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE FULLARD YOUMAN ANNIE HUDSON funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 ANNIE SULLIVAN 221 SOUTH HILTON STREET, BALTIMORE, MARYLAND 21229 e executed within hours after death. Page 6 may be in and completely filled in by the funeral director, page 5 to burial, cremation, or removal. e 20e. METHOD OF DISPOSITION
1 [X] Burlel 2 

Cremetion 3 

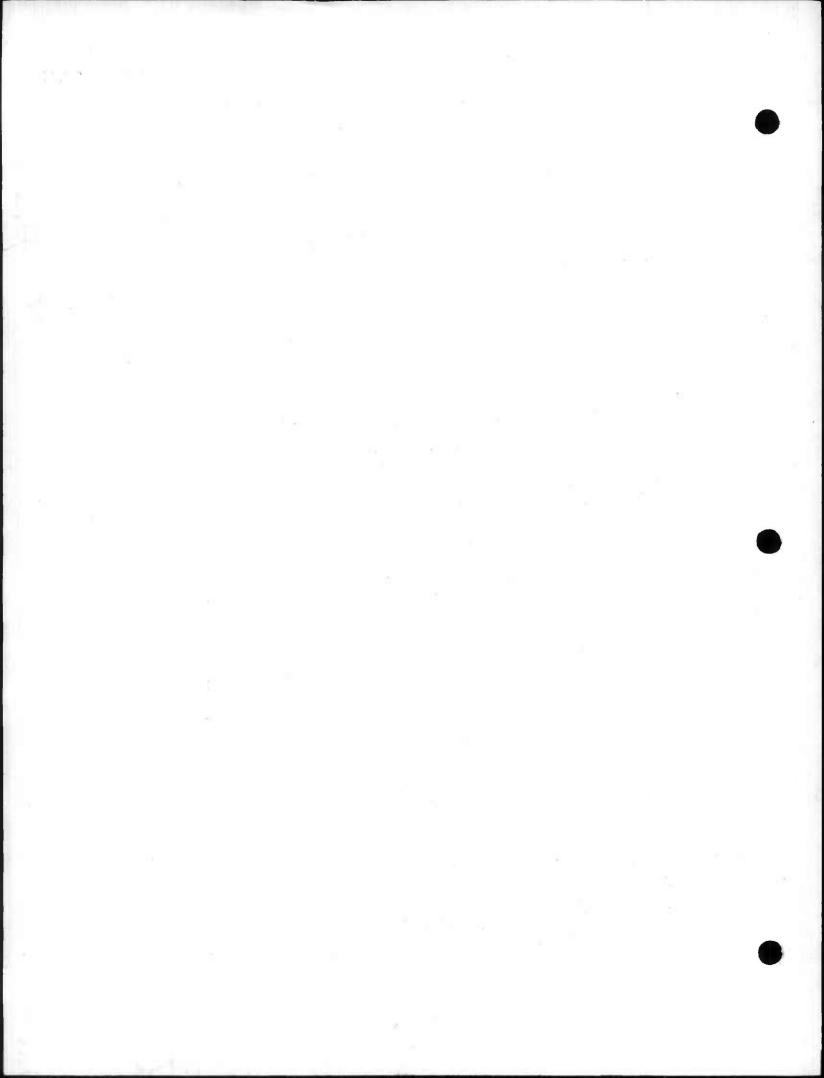
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 Donetion 5 Other (Specify) WESTERN STAR CEMETERY CATONSVILLE. MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE MD. medical 23. PART I. Mer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onaet and Desth** the disease or condition NARCOTIC, COCAINE AND ALCOHOL INTOXICATION event, resulting in death) BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING DR ATTENDING PHYSICIAN: The law requires that the death certificate be e DIRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in deeth) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Buy COMPLETION DF CAUSE YES 2 NO OF DEATH? shows a 1 ☐ YES 2 ☐ NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: TXXES 2 NO 1 Inpetient 2 K ER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28b. TIME OF 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural UNKNOWN 5 Pending 1 YES 2 NO UNKNOWN UNKNOWN BY 2 Accident Investigation 3 Sulcide 28s. PLACE OF INJURY — At home, tarm, street, tectory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, 28 is 8 X Could not be determined COMPLETED 4 Homicide UNKNOWN UNKNOWN 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my know dge, death occurred at the time, data end placa, and due to the cause(a) and manner as stated, FLINERAL I = TO THE HUBBITA
TO THE FUNERA
De fied within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On m, in my opinion, death occured at the time, date and place, and due to the cause(e) and memor as stated 29c. LICENSE NUMBER 29st. DATE SIGNED (Month, Day, Year) BE C.M. /07/1994 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CAA

Penn Street.

Baltimore,

21201

Maryland



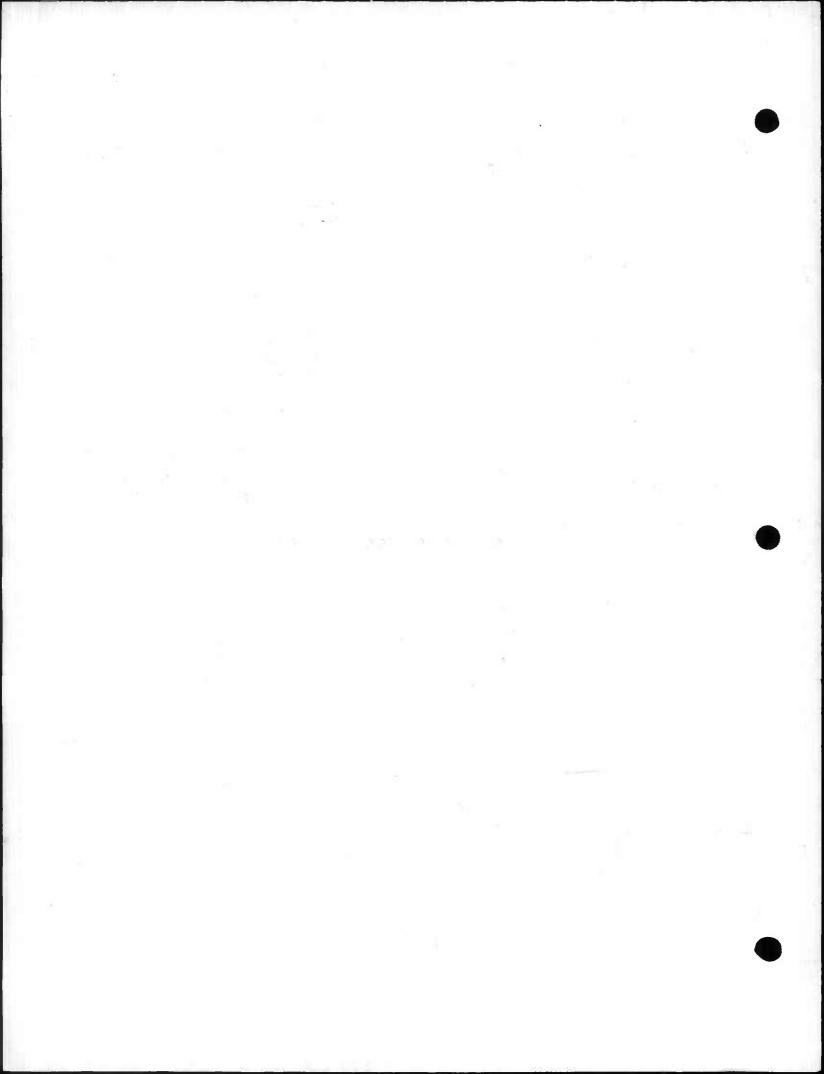
ITEMS: 23 PART I, 27, 28a,b,c,d,e,f PER MEO G-707 1/28/94 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	IEALTH AND	ed Mental	HYGIENE REG. NO.	9	14	00455
		1. DECEDENT'S NAME (First, Middle, Last) CHARLES E.		IR.			2. DATE	OF DEATH DAY	195		TIME OF DEATH 1935 M
-		4. SOCIAL SECURITY NUMBER 213- 70 - 0191	5. SEX 6. AGE (1		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	DE BIRTH	6. B	HRTHPLA PARYLA	CE (State or Foreign
2, 3 should	стов	9a. FACILITY NAME (If not institution, give REAR OF 2330 D		9		LTIMORE	EATH	9	c. COUNTY	OF DEATH	н
020 physician. burial-transit permit. Pages 1,	DIRECT	MARYLAND	n/a	10c. CITY, T	OWN OR LOCAT	TIMORE					1. INSIDE CITY LIMITS? YES 2 \( \) NO
sit permit	ERAL	136 S. CULVER STREE	ī		101	ZIP CODE 21229			og. CITIZEN UNITED	OF WHAT	T COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	n, Puerto R	? (Specify Yee or lican, etc.)		Black, Wi	American Indian, hita, etc.
2121 al or atte for use a	PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12) 12 TH	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re UNEMPLO)	done during mo stired.)	ON ast of working	16b.	kind of Busine	ESS/INDUSTI	PΥ	
YLA by the be def	l m	17. FATHER'S NAME (First, Middle, Last) CHARLES EMIL HACK	ETT SR.			18. MOTHER'S NA JUNE M		liddle, Maiden Sun HACKET			
	10 B	194. INFORMANT'S NAME (Type/Print) MICHAEL MANN		196. MAILING AD 136 S.	CULVER	STREET,	BALTIN	ÖRE, MAR	YLAND	" 212	29
'IMORE, Page 6 may be il director, page		20a. METHOD OF DISPOSITION 1 Sylpurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE OF E	CEMETER	Υ	O1 - 14		SVILLE,		
SALT death. e funera al.		21. SIGNATURE OF FUNERAL SERVICE LI	Bolland	2	WM. C.	MARCH FH.	- 1101			Æ	
760 ed within hours ompletely filled in I al, cremation, or re-		23. PART I. Enter the diseases, prahock, prheart feilura.  IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	a. ACUTE NARC	COTIC AND CO				iec or reepirati	ory errest,		Approximate Interval Between Onset and Death
P.O. BOX th certificate be exending physician a I Hygiene prior to or other traum	ERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evants resulting in death) LAST	c	CONSEQUENCE OF):	1,						
RECORDS w requires that the control of Health and Me shows any injur	N: MEDICAL C	PART II. Other algnificent condition	ne contributing to deeth be	ut not resulting in t	he underlying	g cause given in	Pert i.	248. WAS AN AUT PERFORME 1 XYES 2 —	D?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
VITAL JAN: The is milicate has he State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp		THER:	ACE OF DEATH (Ch					
NO OF NG PHYSIC her this os suth with 13 marked,	ву РН	27. MANNER OF DEATH  1 Netural Secondary Investigation	26a. DATE OF INJURY (Month, Day, Year) FOUND: 1/8/94	(.()	M 1 🗆 1	PRK? YES 2 NO	UNK	CRIBE HOW INJU			
DIVISION OR ATTENDING P DRECTOR: Aher hours after death liam 28 is man	ETED.	3 Suicide & Could not be 4 Homicide determined	FOUND: VACAN	NT DWELLING	REAR		B/	ATION (Street and or Town, State) 2	330 DI\ MD.	rel Route ISIO	Number, N S1.
異 異位 =	COMPL		ER: On the best of my knowless: On the bests of examination							/80(a) ank	d manner ea stated.
THE RUNEP THE RUNEP TO M within	.0 BE	296. SIGNATURE AND TITLE OF CERTIFIE	- Chrose as			O.C.M.E		29			nth, Day, Year) 1994
(A	)	30. NAME AND ADDRESS OF PERSON WI	-	111 Penn S		Baltimo	ore, l	Marylan	d 21	201	
		31. DATE FILED (Month, Dey. Year)  1AN 12 1994	2. REGISTRAR'S SIGNA	ATURE							



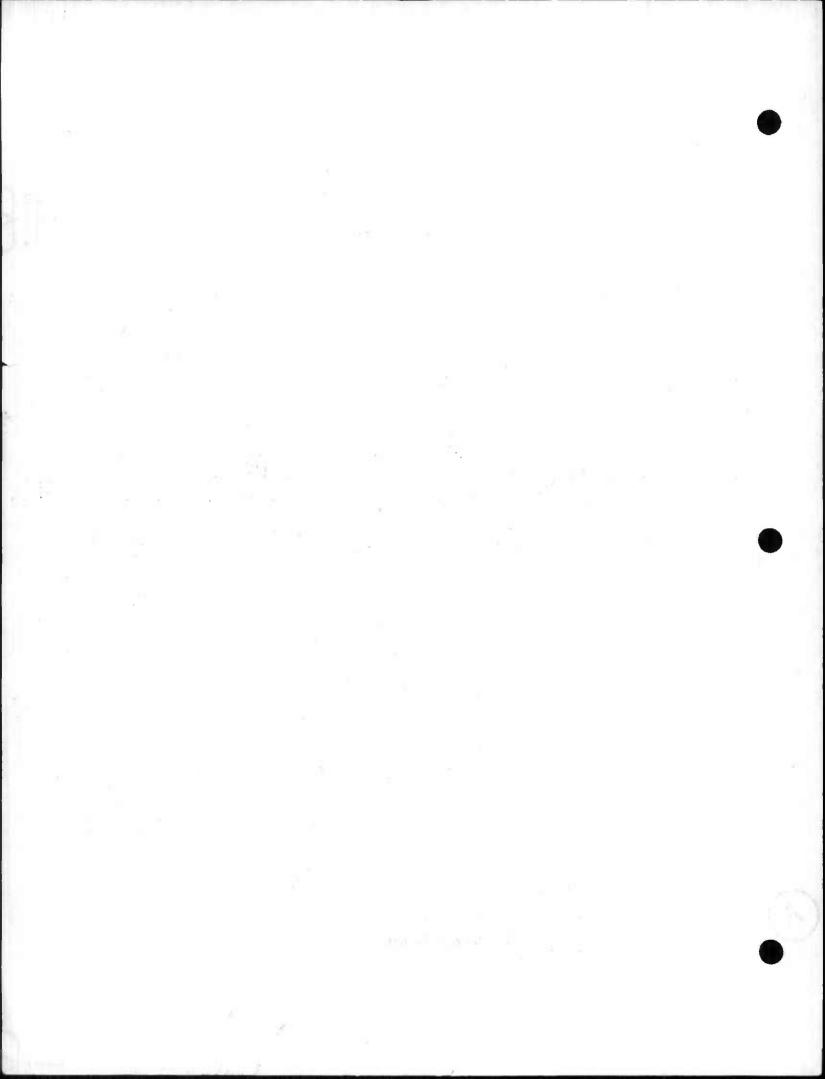
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1994 0 1 5:45 JONAS HARR 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 284-18-5596 72 1 X M 2 - F YRS 12 28 1921 Kentucky the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WOODYEAR ST. BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City TYX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 327 S. Woodyear Street 21223 U.S.A. Page 6 may be retained by the hospital or attending physician. 13. WIS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, While, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Merried 2 XXMerried BY Specify: 3 Widowed 4 Divorced White 60 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 8th shipyard worker Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Unknown (UNKNOWN) BE Arenda notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Katherine Harr 327 S. Woodyear St, Baltimore, MD be 20e. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 4 Denton 5 Other (Specify) Meadowridge Memorial Park 1/13 Elkridge, MD BOF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. nours after death. 4107 Wilkens Avenue, Baltimore, MD 21229 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and completely filled in by bunal, cremation, or remo Approximate shock, or heart fellure. List only one ceuse on each line. Intervel Between **IMMEDIATE CAUSE (Finel** Onset and Death the diseese or condition orced resuiting in death) other traumatic event, executed within DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leeding to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 YES 2 NO t, of H PHYSICIAN: HOSPITAL DR ATTENDING PHYSICIAN: The law has b 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: 1 XYES 2 NO OTHER: lent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 8 Other (Specify) 6 28e. DATE OF INJURY: OUN | 28b. TIME OF INJURY | 01-10-1994 | 5:437 27 MANNER OF GEATH 28d. DESCRIBE HOW INJURY OCCURED WOUND SELF-IN-FLICTED GUN 28c. INJURY AT marked, : After this c 1 Natural SHOT 5 Pending 5:43A 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) HOME 3 Suicide
4 Homicide 281. LOCATION (Street and Number or Rural Route Number, MD 329, 97 Tongs, State) WOODYEAR ST. / BATTO COMPLETED 8 Could not be DIRECTOR: determined 28 29e. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner es stated. TO THE HOSPITAL ITO THE FUNERAL DID BE filed within 72 ha 2 🖔 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE O.C.M.E  $\triangleright 01 - 10 - 1994$ 2 OEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, You 1 A N 1 2 111 Penn Street, Baltimore, Maryland 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

DHMH-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA			MENTAL HYGIEN REG. NO		14 00457		
1. DECEDENT'S NAME (First, Middle, Last)  RUTH  H	ALL				2. DATE OF DEATH MONTH JANVARY	AY , 199	3. TIME OF DEATH 7. 40 p. MM		
212-36-1481	212-36-1481 1 M 2 M F 93 VRS. MONTHS DAYS HOURS MINN. Oct 13 1900 1								
90. FACILITY NAME (If not institution, give street Good Samaritan RESIDENCE OF DECEMENT		91		imore	EATH	9c. COUNTY O	F OEATH		
10a. STATE 10b. COUNTY Maryland			own on Local				10d. INSIDE CITY LIMITS? 12 YES 2 NO		
100. STREET AND NUMBER  2021 Lydonlea W	ay Apt C		10	2123	9		SA		
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	₹ 🔯 NO	II yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	В	ACE — American Indian, lack, White, atc. pecify:		
15. DECEDENT'S EDUCA (Specify only highest grade or Elamentary/Secondary (0-12)	TION 16: Ompleted) 16: College (1-4 or 5+)	e. DECEDENT'S USI (Give kind of work life. Do NOT use n	done during mo tired.)	st of working	16b. KIND OF BU	SINESS/INDUSTR			
6th Grade 17. FATHER'S NAME (First, Middle, Last) Harry Hall		וסע	mesti	18. MOTHER'S NA	ME (First, Middle, Malden Brooks	Surname)			
19a. INFORMANT'S NAME (Type/Print)  Lorraine Steven	son				Route Number, City or Tow				
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State cemeter	ACE AND DATE OF D y, crematory or other 1tus Memo	place)	eme of Park	0ATE 20c. LO	cation - chy on	County , MD		
21. SIGNATURE OF FUNERAL SERVICE LICES  FULLY A	Pollen		2501 (	Wynns Fanore, Mai	alls Parkwa	ay	. Homes, Inc.		
23. PARTA. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	SE	PS1S	enter the mo	de of dying, suc	h ss cerdiec or resp		Approximate interval Between Onset and Desth		
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	ASPIRA- DUE TO (OR AS A CO CER EB RO- OUE TO (OR AS A CO	TION INSEQUENCE OF):  VASCU	PNE	DMON. ACCID	PENT		TWOLVE DAYS		
PART II. Other significent conditions	contributing to death but r	not resulting in t	he underlyin	g cause given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 70		
	HOSPITAL:		THER:	ACE OF OEATH (Ch					
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ WC		8 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURED			
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — is building, etc. (Specify)	At home, larm, stree	rt, lactory, offic	•	281. LOCATION (Street of City or Town, State)	and Number or Run	al Route Number,		
	AN: To the beat of my knowledg On the basis of examination an						e(a) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER	Shalin	E M	D	29c. LICENSE NUI	WBER		1ED (Month, Day, Year) 9RY, 07,1994		
30. NAME AND ADDRESS OF PERSON WHO SHALINI MAHA	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	SAMA	RITAN	HOSPITAL	, BALTI	MORE, MD.		
31. DATE FILEO (Month, Day, Year)	32, REGISTRAR'S SIGNATU								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JAN 12 1994

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

В

COMPLETED

BE notified

2

once.

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must

examiner

medical

the

event,

traumatic

other

10 injury,

any

Shows

23

item

10

marked,

60

23

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

31.

Asthma

Investigation

8 Could not be determined

25. WAS CASE REFERRED TO MEDICAL

**EXAMINER?** 

1 Natural

2 Accident

3 Sulcida

4 Nomicide

27. MANNER OF DEATN

1 X YES 2 NO

the	deta	
3	å	
OF MITENDING PHYSICIAN: The law requires that the death certificate be executed within amount after death. Page 6 may be retained by the I	UNECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	
98	le 5	
nay	pag :	
9 9	ecto!	
2	ip I	
death.	funera	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ROBERT HYMAN 0.14. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 02-24-43 DAYS HOURS 221-28-4939 50 12 M 2 | F YRS. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 256 HERRING COURT BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY MARYLAND NONE BALTIMORE CITY 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 256 HERRING COURT 21231 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced AFRICAN AMERICAN 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 9TH NONE UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) HOWARD HYMAN LOUISE MAYO 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CURTIS HYMAN 1326 N. BROADWAY BALTIMORE, MARYLAND 21213 20a. METHOD OF DISPOSITION

1X Burtel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) ZION CEM. 1-13-94 BALTO, MARYLAND OF FUNERAL SERVICE LICER 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON STREET BALTO, MD. 21213 23. PART I. Enter the diseases, or complications that caused/the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, ahock, or heert fellure. List only one cause on each line IMMEDIATE CAUSE (Finel ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Athrosclerotic Cardiovascular Disease disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMEO? Chronic Alcoholism NES 2 NO Fatty Liver

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

94 00458

3. TIME OF DEATN

2:54

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify:

14 YES 2 NO

**Approximate** 

Interval Between **Onaet and Death** 

8. BIRTNPLACE (State or Foreign

MARYLAND

94

NONE

partia 28. PLACE OF DEATH (Check only

omy oney	
Other (Specify)	
BI. DESCRIBE NOW INJURY OCCURED	

281. LOCATION (Street and Number or Rural Route Number

bullottig, etc. (opecity)	City or lown, State)

28c. INJURY AT WORK?

Nursing Home 5 Residence 8

1 YES 2 NO

		á
29a. CERTIFIER		
	1 CERTIFYING PNYSICIAN: To the heat of my knowledge death occurred at the time date and diese an	
(Check only	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and menner as stated.	
one)	2 MEDICAL FYAMINED: On the basis of exemination and/or immediation to muscle the standard and attended to the standard and attended	

28b. TIME OF

28a. PLACE OF INJURY - At home, farm, streat, factory, offica

OTHER:

2 MEOICAL EXAMINER: C	On the basis of axamination and/or invi	estigation, in my opinion, death occured at the time, data and place, a	nd due to the cause(a) and manner as stated.
29b. SIGNATURE AND TOLLE OF CENTIFIER	111.	29c. LICENSE NUMBER	29d. OATE SIGNED (Month, Day, Year)

Renus	1 com 2 m	0.
30. NAME AND ADDRESS OF PERSON WHO CO	PLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	

1011	29c. LICENSE NUMBER	29d. OATE SIGNED (Month, Day, Yes
Chutz on	O.C.M.E.	01/08/94

DEMNITC	Т	CHILDE	BATO	1 1 1	-	

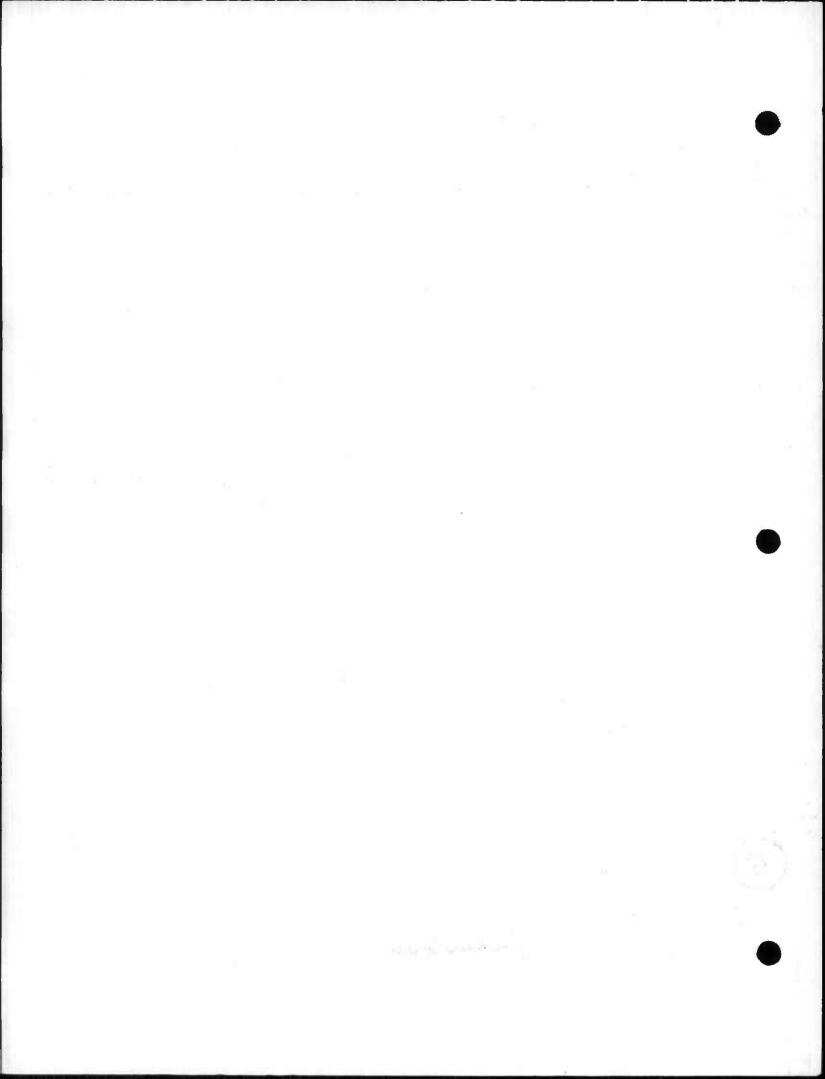
HOSPITAL

1 | Inpatient 2 | ER/Outpatient 3 | DOA

28a. DATE OF INJURY

DENNIS J.			Penn	Street,	Baltimore,	Maryland	21201
DATE FILED (Month, Day, Year)	32. DEGISTRA	'S SIGNATURE					

JAN 12 1994 Julia Meridan Borden

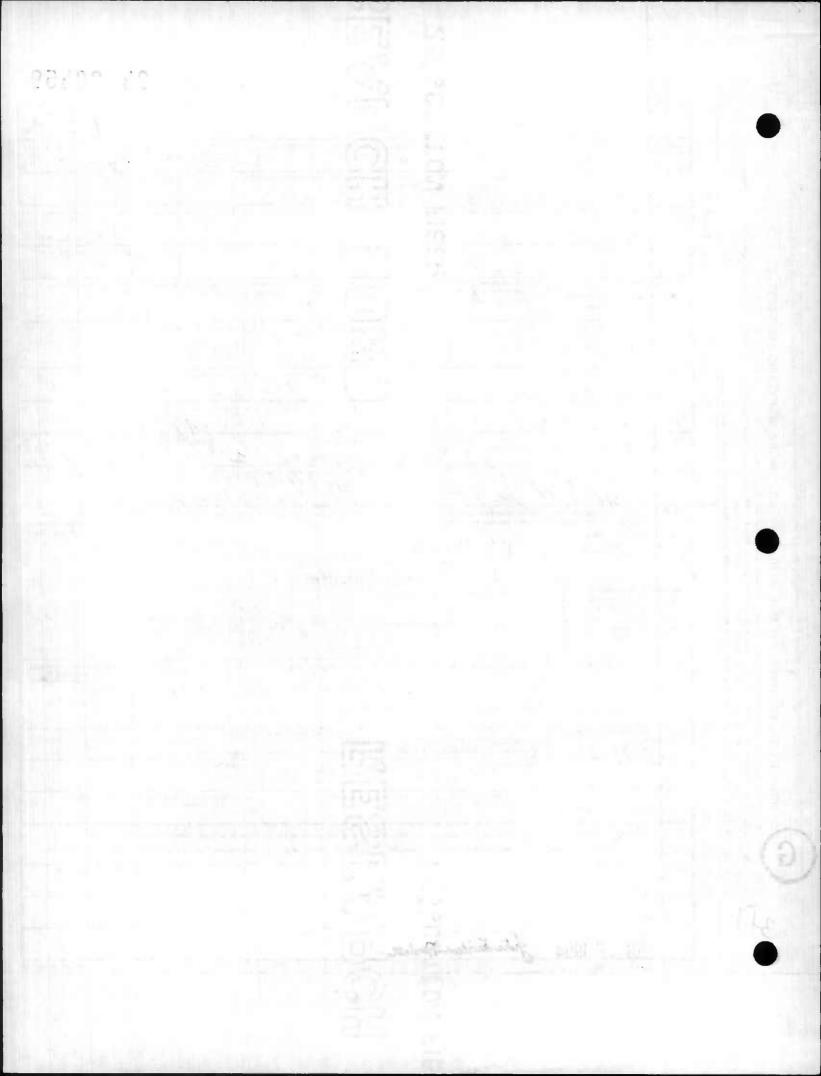


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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ALE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last,	11	166.		2. DATE OF DEATH MONTH DAY	1 45	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-46-0275	-	(In yys. lest birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. OHTHS DAYS HOURS MIN.	7. DATE OF BIRTH	7 17	ITHIPLACE (Signs or Foreign 1974)
TOR	FACILITY NAME (If not institution, give	atroet and number)	MAIN!	b. CITY, TOWN OR LOCATION OF	DEATH	Se. COUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. COUNT	TY /	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER  11. MARITAL STATUS	1R/59 9	7	101. ZIP CODE 2123	0	4	SiA COUNTRY
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	IN U.S. ARMED  3 2 NO DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 TO NO Specific	can, Puarto Rican, etc.)	or No- 14. R	ACE — American Indian, ack, White, etc. PLACK
PLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	tual Occupation k done during most of working spired.)	16b. KIND OF BUS	NESS/INDUŚTR	
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	11	747	18. MOTHER'S, I	AME (First, Middle, Maiden S	AR (E)	- R
TO BI	10a INFORMANT'S NAME (Type/Print)	miton	19b. MAILING A	DORESS (Street and Number of Rura	D RV PM	Span, Zip Code)	20234
	20s. METHOD OF DISPOSITION  1		b. PLACE AND DATE OF	PEMATORY	1/2/04 (1)	Man city or	1/2 MA
medical examiner	· Van A	Mont		GON FRE	DA Han B	P/KKM	21229
	23. PART Enter the diseases, or has to fellure immediate. CAUSE (Finel disease of condition resulting in death)	a. PNEVM	aach line.	anter the mode of dying, su	ich ss cardisc or respir	atory arrest,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b. ANOXIC DUE TO (OR AS		PHALOPATHY			
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
SICAL	PART II. Other significant condition	na contributing to death	but not resulting in	the underlying cause given i	n Part I. 24a. WAS AN / PERFORI	AED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (	Check only one)		
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Ou 28e. OATE OF INJURY	Ipetient 3 DOA 4	THER: Nursing Home 5 Realdence PF 28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
<b>B</b> 33	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year)  28e. PLACE OF INJUR	INJUF	M 1 YES 2 NO	281. LOCATION (Street as	nd Number or Rur	al Route Number
item 28 is PLETED	4 Homicide determined	building, atc. (Spi	ecity)		City or Town, State)		
	(Check only one) 2 MEDICAL EXAMIN	ER: On the beels of examineti		at the time, date and place, and de			e(s) and manner se stated.
TO BE COM	296 SIGNATURE AND TITLE OF CERTIFI	alle mi		29c. LICENSE N	UMBER 36	≥ 1/6	IED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	ACE, MD.	611 5.0	HARLIESIST.	, SATMO	no me	2/230
	JAN 1, 2 1994	32. REGISTRAR'S SIG	NATURE MANAGER				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

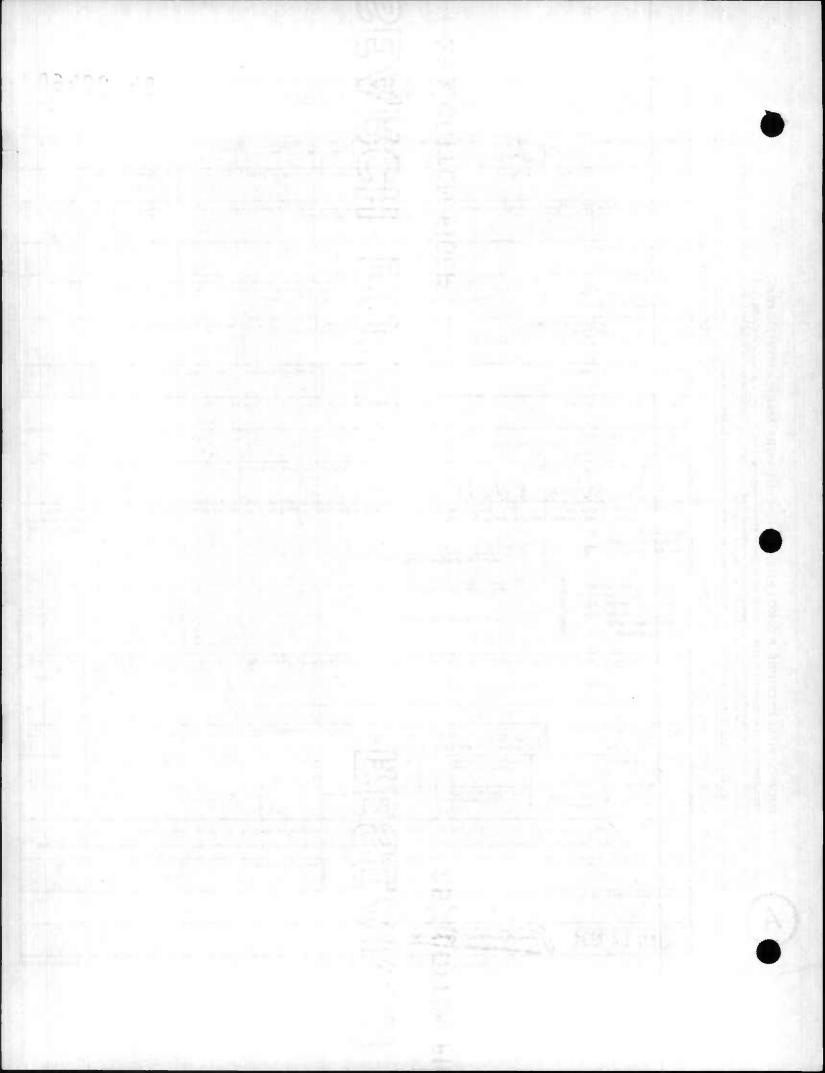
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH WILLIAM TURNER INGRAM Jan 1994 3:00a 7. DATE OF BIRTH
FED. 2, 1914 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR 228-01-6294 MONTHS DAYS HOURS Virginia 79 1 M 2 | F YRS. Pages 1, 2, 3 should So. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Anne Arundel Annapolis RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Riva 1 YES 2 XNO permit. 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 2811 Whitehouse Road 21140 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cubsn, Maxican, Pusrio Rican, atc.) 14. RACE — American Indian, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married BY 1 TYES 2 NO Specify: Specify: White 3XXWidowed 4 Divorced WWII COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade and completely filled in by the funeral director, page 5 should be detached for burial, cremation, or removal. Elementary/Secondary (0-12) College (1-4 or 8+) Supervisor Virginia St.Parole/Prob. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ruth Hurt Ħ F. Ingram BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Whitehouse Rd. Riva, MD Barbara I. Most hours after death. Page 6 may be P 20a. METHOD OF DISPOSITION
1-- Burlai 2 Cremetion 3 Removal from State
4 Donation S Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Highland Burial Park 1/11 94 Virginia 22. NAME AND ADDRESS OF FACILITY examiner H. SIGNATURE OF FUNERAL SERVICE LICENSEE Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final ş disease or condition resulting in death) Kesptallun executed within event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to i if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician in Health and Mental Hygiene prior to requires that the death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? MEDICAL amy 1 YES 2 NO OF DEATH? shows 1 TYES 2 T NO 8 has by Dept. PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 YES 2 NO patient 2 ER/Outpatient 3 DOA OR ATTENDING PHYSICIAN: 6 # 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c is marked, 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation After 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datarmined COMPLETED DIRECTOR: hours after 28 4 Nomicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL (
THE FUNERAL D
filed within 72 h Ξ 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D33069 1/8/9 223 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 100 MdzIYG Anopols Soul 121 ST. DATE FILED OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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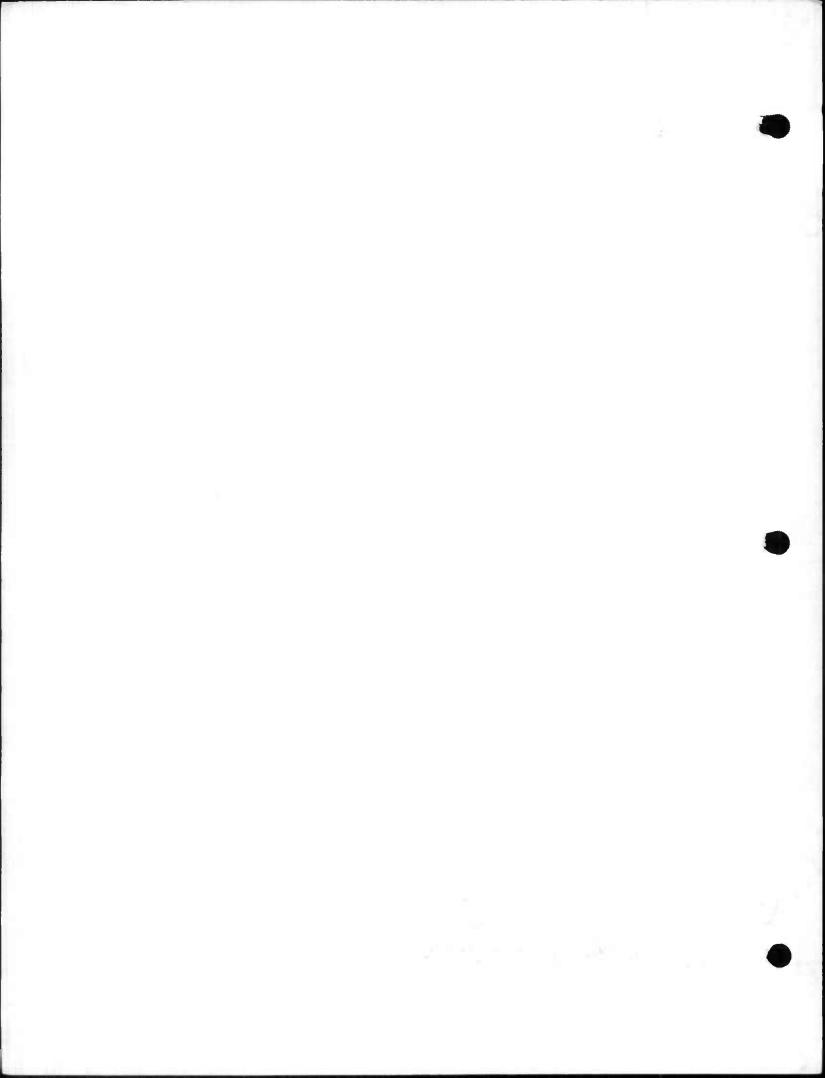
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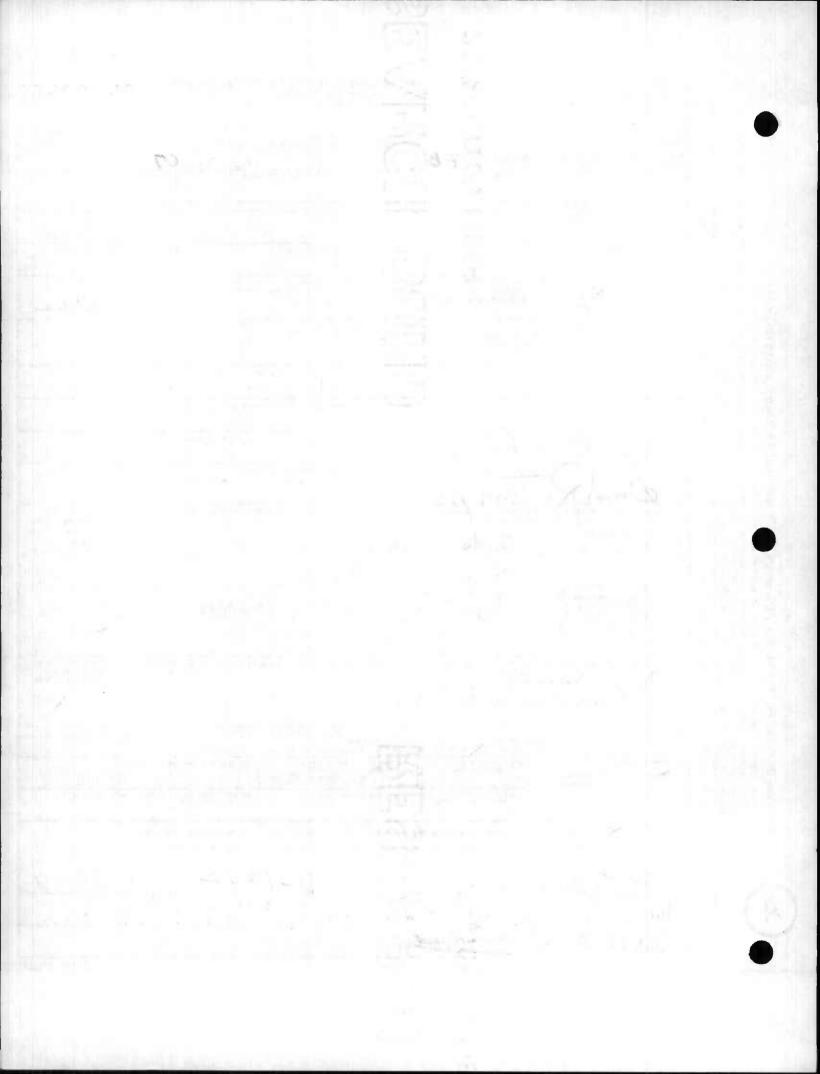
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	TEN	10H	ther !	28 18
	INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hos	LUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AMT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEI		94	0046
O-DESIGNATION OF	1. DECEMBET'S NAME (First, Middle, Last)	OHNSON				2. DATE OF DEATH	DAY &	14 8	LOO P M
- 1	215-24-1808-A	1 M 2 K F 1	11 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-01-188	. 45	Country)	(State or Foreign AROLINA
TOR	9e. FACILITY NAME (If not institution, give stre  LIBERTY ME	EDICAL	9		R LOCATION OF DI		9c. COUNT	Y OF DEATH	
DIRECTO	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWH OR LOCAT	IMORE C	ΙΤΥ		1	NSIDE CITY LIMITS? YES 2 NO
FUNERAL	104. STREET AND NUMBER 2815 WALBROOK AVEI	NUE			ZIP CODE 21216		10g. CITIZE	N OF WHAT C	
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ZNO	tf yes, spe	NOENT OF HISPAI	NIC ORIGIN? (Specify Win, Puerto Rican, etc.)			nerican Indian, e, etc.
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos	N t of working	16b. KIND OF BI	JSINESS/INDUS		`
COMPLET	17. FATHER'S NAME (First, Middle, Last) MANNY	SKEETER	<u>HOMEMAKE</u>	R	16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)		
IO BE	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or To			1223
	20a. METHOD OF DISPOSITION 120 Buriel 2 Cremation 3 Remov	rel from State Ceme	PLACE AND DATE OF ESTERN ST	DISPOSITION (Na	ne of	DATE 20c. L	TONSVI	y or Town, Sta	rte
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	10.B	m	JOSEF		CILITY DWN JR. FU MORE ST.			
	23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Finsi	mplications that ceused at only one ceuse on ea	the death. Do not sch line.	enter the mod	le of dying, suc	h as cardlec or resp	olratory srres	t,	Approximate Interval Between Onset and Death
ł	disease or condition resulting in death) s.	DUE TO OR AS	CONSEQUENCE OF):	No.					
AIION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A	CONSEQUENCE OF	5	TAXI	cute			
EHILL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO OR AS A	CONSEQUENCE OF):						
J TAN	PART II. Other algnificant conditions	contributing to deeth bu	at not resulting in	the underlying	cause given in	PERFO	RMED?	AMILA	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE
N: MEDIC						1 _ YES	2 [] NO	0F DE	ATH? /ES 2 NO
TOICIAN	1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch	6 Other (Specify)			
-	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 V		28d. DEŞCRIBE HOW			
LEIED	3 Sulcide 8 Could not be determined 28a. PLACE OF INJURY — At home, tarm, street, tactory, office building, etc. (Specify) 28a. CERTIFIER . City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
THE CO		AN: To the best of my knowle On the basis of examination			ath occured at the	time, date and place, a	nd due to the c	suse(a) and n	
7	30. NAME AND ADDRESS OF PERSON WHO	Sale no	TH (ITEM 27) (Type Pri	(at)	29c. LICENSE NUM	1203	29d. DATE S	9-9	Day, Year)
	TETANCE 31. DATE FILED (Month, Day, Year)	LAWS 32. REGISTRAR'S SIGNA	no l	-1be	ty M	edual C	later	Bi	Grenorene
	JAN 12 1994 F	the denien for	And the						



1 10000	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  A VLR T	s B.	Tok	ins		Ol-	DEATH	REG. I	DAY _	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Ia:	st birthday)	IF UNDER 1	DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year	0	Country)	ACE (State or For
	9a. FACILITY NAME (If not institution, give		00	1110.	9b. CITY,	TOWN C	OR LOCATION OF C	1/0 3/ DEATN	9c. COU	South	Carol:
OR	Harbor City Hosp	ital Cent	ter		Ba1						
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			10c, CIT	TY, TOWN OF	R LOCAT	TION			10	d. INSIDE CITY
	Maryland Maryland			Ba	altimo	ore		1	10	1	LIMITS?
FUNERAL	100. STREET AND NUMBER 2732 Bookert Dri					101	21225		10g. CITI		T COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDEN			13. W	AS DEC		ANIC ORIGIN? (Specify	Yea or No-	USA 14. RACE -	American India
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO			ecify Cuban, Mexic 2 NO Spec	en, Puerto Rican, etc.) #y:		Black, V Specify:	BLAC
ED	15. DECEDENT'S EDI (Specify only highest grad		(0	live kind of	USUAL OC	CUPATIO	ON st of working	16b. KIND OF	BUSINESS/IND	DUSTRY	
PLE	6th Grade	College (1-4 or 5		. Do NOI u	akemai			Polt i	mara s	Ohio	Railr
COMPLET	17. FATNER'S NAME (First, Middle, Last)			טונ	anemai	11	18. MOTNER'S N	AME (First, Middle, Mail		OIIIO	Rall.I
BE C	Lucius Johnson				1		Ella B	Burris			
TO	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or			
	Isabelle P. John	son			BOOKE:			Baltimore 20c.	, Mary		
	1 \( \) Buriel 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)		_ MD Na	tión	22. N	AME AP	ial Park	1/15 La AGUMNUtter Calls Park	Funer		
	23. PART I. Enter the diseases, or complications that deused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest interest. List only one cause on each line.    Maryland 21216									Approximinterval E Onset an Z5 n	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Que to	OR AS A CONSE	OUENCE O			1	h'sease	1-1-1	>	304
ERTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. Hy	OR AS A CONSE		F):			73000		>	304
AL C	PART II. Other significant condition	ns contributing to	deeth but not	resulting	in the unc	derlying	g cause given in	Part i. 24a. WAS	AN AUTOPSY FORMED?		ERE AUTOPSY F
MEDICAL	Polymyal	1	cumat	5'ca					3 2 NO	O O	OMPLETION DF
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Concernation		OTHER	:	ACE OF DEATH (C				
ж	27. MANNER OF DEATH	28s. DATE OF	ER/Outpatient :	28b. TIR		28c. INJ		6 Cher (Specify) 28d. DESCRIBE HO	W INJURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆 '	YES 2 NO				
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	OF INJURY — At he, etc. (Specify)	oma, farm,	atreet, facto	ry, offic		26f. LOCATION (Str. City or Town, St	set and Number ate)	or Rural Rou	te Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS							es to the cause(s) and a time, data and place			nd manner as
8E	296, SIGNATURE AND TITLE OF CERTIFIE	buy mr	0	11.11			29c, LICENSE NU	747	29d. DAT	E SIGNED (M	onth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	e, Print)		1173	001 Sou	b. Ho	100110	00
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permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HIGHTAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be pseculad within focus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burial-transit pages within 72 hours after death with the State Dept. of Health and Mental Hygere prior to burial, cremation, or removal.  MPORTANT, If Item 28 is marked, or litem 23 shows any injury, or other traumable event, the medical examiner must be notified at once.
at the death certificate be sesculed within moun after death. Page 6 may be retained by the hospital or attending phy by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur and Mental Hygnese prior to burist, cremation, or removal. Y injury, or other traumatte event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

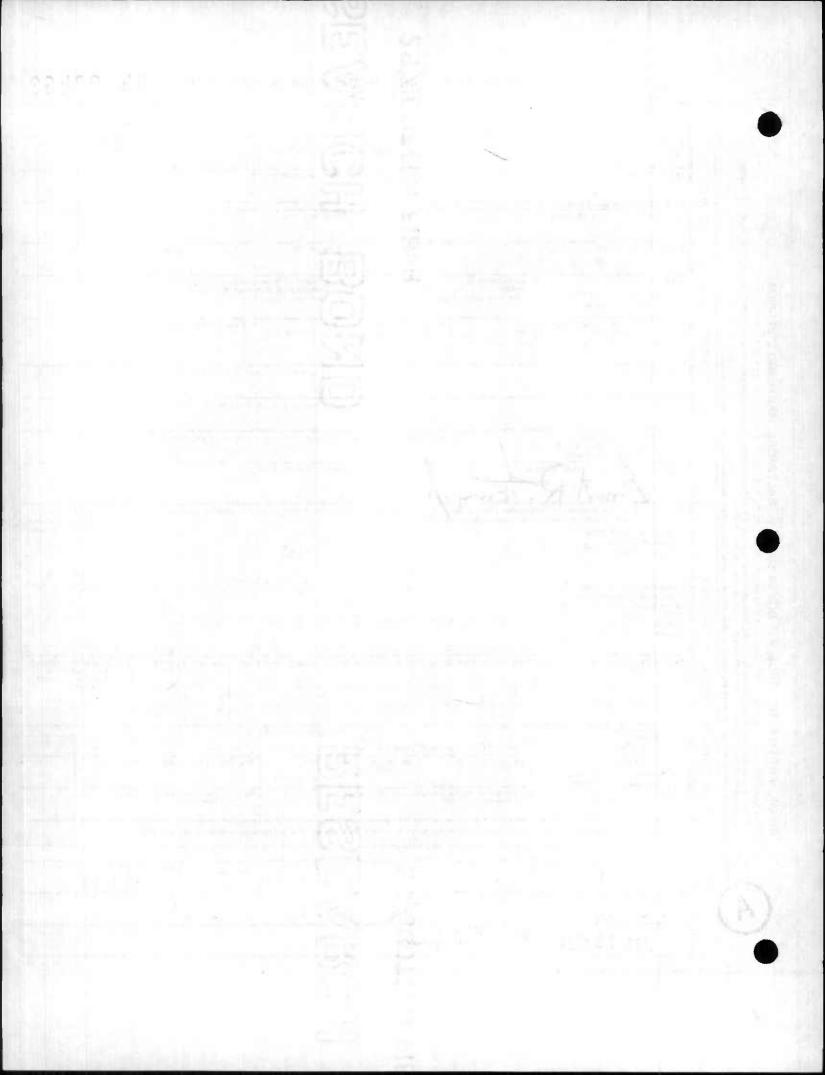
JAN 12 1994

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
SHU AM 147 S HANOVER ST

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC			MENTA	L HYGIENE REG. NO.	) [;	00463	
	1. DECEDENT'S NAME (First, Mildole, Lest) ELLEN (	O. JAC	KSO	1		N 09 19	94	TIME OF DEATH M		
	0	OMERT 8	3 YRS. M	DAYS  DAYS	HOURS MIN.	Mont	27-10	Country)	rginia	
TOR	Sinai Hospital				Baltimo		\$6. COOK	TOP DEAT		
FUNERAL DIRECTOR	Maryland  100. STREET AND NUMBER		10c. CITY,	Balti			100 CITIZ	10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?		
NERA	2217 West Lexin			16	21223		Ţ	JSA		
BY	11. MARITAL STATUS  1 Merried 2 Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN I FORCES? 1 Tyes IF YES, OIVE WAR OR DAT	2 NO	If yes,	CENDENT OF HISPA specify Cuben, Mexic S 2 NO Speci	en, Puerto	Y? (Specify Yes or No— Rican, etc.)	14. RACE — Black, W Specify:	American Indian, filte, atc.  Black	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION impleted) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	ter	ION nost of working		Elite Laur			
COM	17. FATHER'S NAME (First, Middle, Last)	501	cer	rury						
BE	James B. Jackso  100, INFORMANT'S NAME (Type/Print)	401 444 440 4	Cora Carrington							
5	196. INFORMANT'S NAME (TyperPrint) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2217 West Lexington St. Balto, MD								21223	
	206. METHOD OF DISPOSITION  10 Burlei 2 Cremetion 3 Removal from Sun  4 Denation 8 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Commence of Commen									
	21. BIONATURE OF FUNERAL BENVIOLE DICE	· En.	h.	22. NAME 2501	AND ADDRESS OF F	Falls	Nutter Fune: S Parkway	al Ho	omes, Inc.	
	23. PART I. Enter the disesses, or cor shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiap;	th line.	anter the m	mode of dying, such	ch ss car	diac or respiratory srre	st,	Approximets Interval Between Onset and Daeth M.N	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	54 3	)ريدمه				Jears	
MEDICAL CE	PART II. Other significant conditions	t not resulting in	the underlyl	ng cause given in	Part I.	PERFORMED?		PRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY				PLACE OF DEATH (C	heck only o	ne)			
IYSI		OSPITAL: Inpatient 2 ER/Outpat  28e. DATE OF INJURY	OTHER: 4   Nursing Home 8   Residence 8   Other (Specify)							
ву рь	1 Natural 5 Pending	26b. TIME (	Y	JURY AT PORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be 4 Homicide determined	- At home, farm, stre	et, factory, of	ice	28t. LOC City	OCATION (Street and Number or Rural Route Number, ity or Town, State)				
COMPLETED	one:	AN: To the best of my knowled On the basis of examination							id manner se stated.	
TO BE	386 SIGNATURE AND VITUE OF CERTIFIER 38. NAME AND ADDRESS OF PERSON WHO	29d. DATE	SIQNED (MG	opth, Day, Year)						

DHMH-18 Rev 1/89

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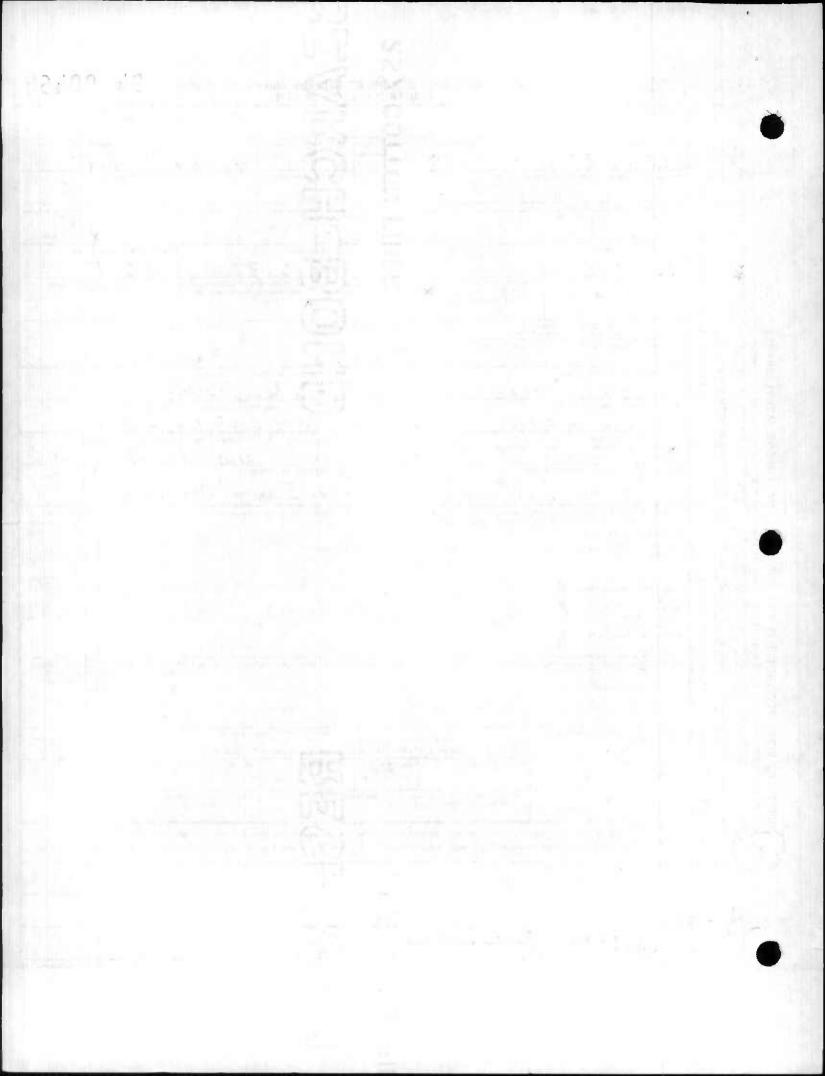


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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

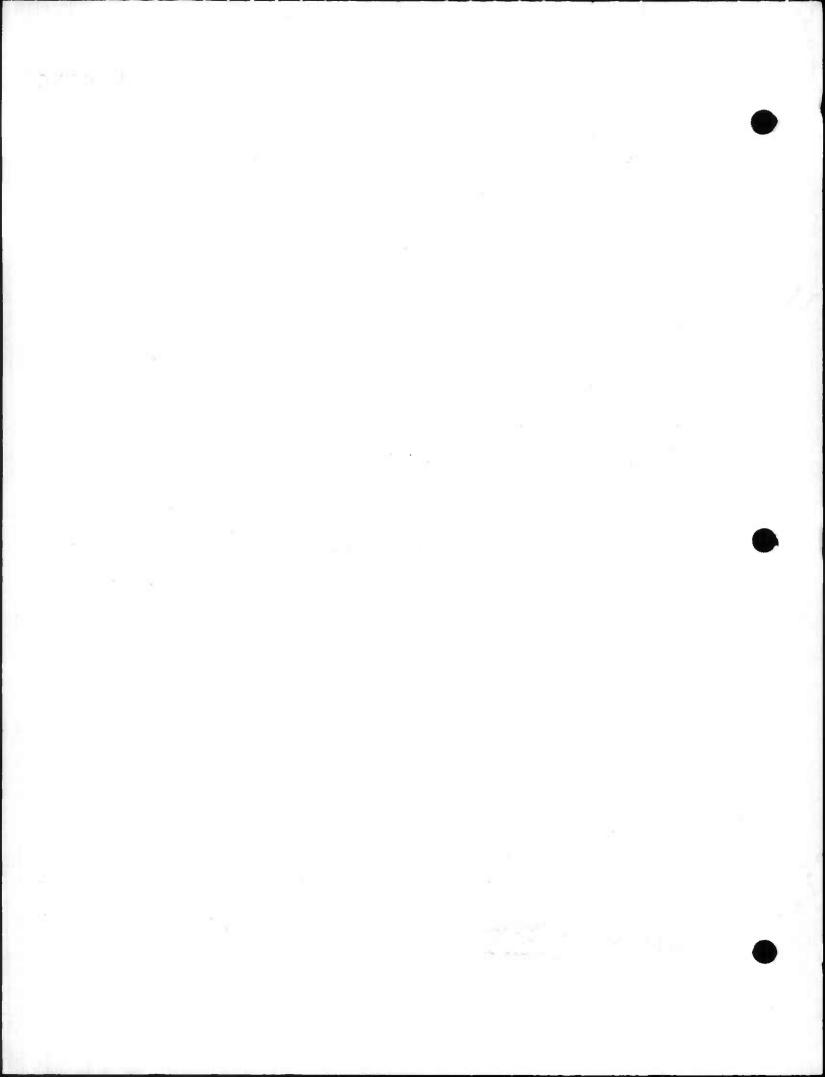
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE 0	OF DEATH		3. TIME OF DE
	ESTHER	JONES					MONTH	nuarÿ	9,19	94 4:25
	4. SOCIAL SECURITY NUMBER	. Y	(In yrs. last birthday)	IF UNDER 1		UNDER 24 HRS.	7. DATE C	Pay Year)	8.	BIRTNPLACE (State or Country)
	220 14 3799 9a. FACILITY NAME (If not Institution, give	1 M 2 D F	78 YRS.				14/	2/	15	Md
œ	THE JOHNS HOPK				ALTIM	ORF (	CITY	1-1-1	9c. COUNTY	Y OF DEATN
DIRECTO	RESIDENCE OF DECEDENT					OIL C				
IRE	10a. STATE 10b. COUNT	TY	10c, C/1	TY, TOWN OF	LOCATION					10d. INSIDE CI LIMITS?
AL D	10e. STREET AND NUMBER			Day	10f, ZIP	CODE			10a. CITIZE	1 (NYES 2 (
ERA	16290 Room	dway			1	121	2		11.	<. A
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ABMED	13. W	AS DECEND	ENT OF NISP	ANIC ORIGINA can, Puerto R	(Specify Yes	or No- 14	I. RACE — American in Black, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES GIVE WAR OR			☐ YES 2			roun, eno,		Specify:
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	S USUAL OCI	CUPATION		16b.	KIND OF BUS	INESS/INDUS	STRY STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	use retired.)	uning most or	working		0 14	- D	10
MP.	17. FATHER'S NAME (First, Middle, Last)		Cunfi	-dia	10	HOTNED'S N		Balts		when I w
	Dem 1	Porla			"	3 de	)_ (risi, M	Con all	1	
TO BE	19a. INFORMANT'S NAME (Type/Print)	,	19b. MAILING	G ADDRESS	(Street and N	lumber or Rum		er, City or Town	, State, Zip Co	ode)
F		NES	1629	h.B	road			o.M. q	21	213
	20a, METHOD OF DISPOSITION  1 September 2 Cremation 3 Rain 4 Donation 6 Other (Specify)		b. PLACE AND DATE		TION (Neme of	1	DATE	20c. LOC	ATION - CIT	oy or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	141 . 1	22. N	AME AND A	DDRESS OF F	FACILITY	1 //	·HUL	Lames 1
	orest ,	b. Lake	ww.	L	o-k	7	2/02/	HEA	130	Dane
	disease or condition resulting in death)	a. PULMIONA	TRY C		LISM					2
ITIFICATION		DUE TO (OR AS	A CONSEQUENCE OF	OFFI: ANCE OFFI: TIVE	USM Rum	ONAN	y Dis	<i>EASE</i>		2
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. METASTA DUE TO (OR AS C. DUE TO (OR AS d.	A CONSEQUENCE CO	OFFI ANCE OFFI: TIVE OFFI:	RIM	ONAN	y Di!	IEASE		2 2 18
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MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. METASTA DUE TO (OR AS C. CHRONIC ( DUE TO (OR AS d.	A CONSEQUENCE CO	ANCE ANCE TIVE Try: In the unc	R RAM	ON AN	in Part I.	PERFORI	MED?	AMAILABLE PRIC COMPLETION D OF DEATH?
YSICIAN: MEDICAL C	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions. The conditions of the conditio	DUE TO (OR AS  c. CHRONIC  DUE TO (OR AS  d	A CONSEQUENCE CONS	OTHER	R RM	ON AN	Check only one	PERFORI	NO NO	AMAILABLE PRIC COMPLETION D OF DEATH? 1 YES 2
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DIVISION OF VITAL RECORDS, P.O. DOA 86/80,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
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	REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  AND THE MOUNTH ON YOUR PROPERTY OF THE PROPERTY O								110	3. TIME OF DEA				
	MARY KIRCHNER								Jan. 9. 1994					
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YE	EAR	IF UNDER 24		7. DATE	OF BIRTH			HPLACE (State or F
	216-44-9		1 🗆 M 2 🔀 F		84 YRS.				MIN.	MAY	7,19	09		JERSI
œ	9a. FACILITY NAME (If not if	_	·			9b. CITY, TO	WN O	R LOCATION	OF OE	ATH		9c. COU	NTY OF	DEATN
CTOR	802 BESTG		ROAD			ANN	AP	OLIS				ANI	NE A	ARUNDEI
DIRECT					10c. CI	TY, TOWN OR L	OCATI	ION						10d. INSIDE CIT
	MARYLAND ANNE ARUNDEL				ANI	NAPOL	IS							1 YES 2 5
FUNERAL	10e. STREET AND NUMBER						101.	ZIP CODE				10g. CITI	IZEN OF	WHAT COUNTRY?
Ä		TGATE	ROAD					2140	1			J	J.S.	Α.
3	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2, NO				2, NO	If yo	s, spe	city Cuben,	Maxica	n, Puerto I	? (Specify Yes	or No-	14. RAC Blac	E — American Ind ck, White, atc.
TO BE COMPLETED BY F	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES X				<b>₩</b> Δ	1 ☐ YES 2 ☐ NO Specify: Specify:								
					8a. DECEDENT'S					16b	. KINO OF BU	SINESS/IND	DUSTRY	WHITE
	(Specify only highest grade completed) (Give				(Give kind of life, Do NOT u	kind of work done during most of working o NOT use retired.)								
					SEAMST	ISTRESS USNA								
	17. FATNER'S NAME (First, Middle, Lest)					18. MOTNER'S NAME (First, Middle, Maiden Sumame)								
	JOHN PETER KIRCHNER  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
		,,											,	
	KATHERINE 20a. METHOD OF DISPOSIT		HNER			BESTG	_		4D		_			
	1 Burial 2 Crematic	on 3 🗆 Rem	noval from State	cemete	ery, crematory or	other place)				OAT		CATION -		
		21. SIGNATURE OF FUNERAL SERVICE ICCNSEE  22. NAME AND ADDRESS OF FACILITY HARDESTYFUNERAL HOME, PA									14 AN	NAPO	)[, [, 5	S, MD
						ZZ. NAR	HE ANI	D ADDRESS	OF FA	CILITY				
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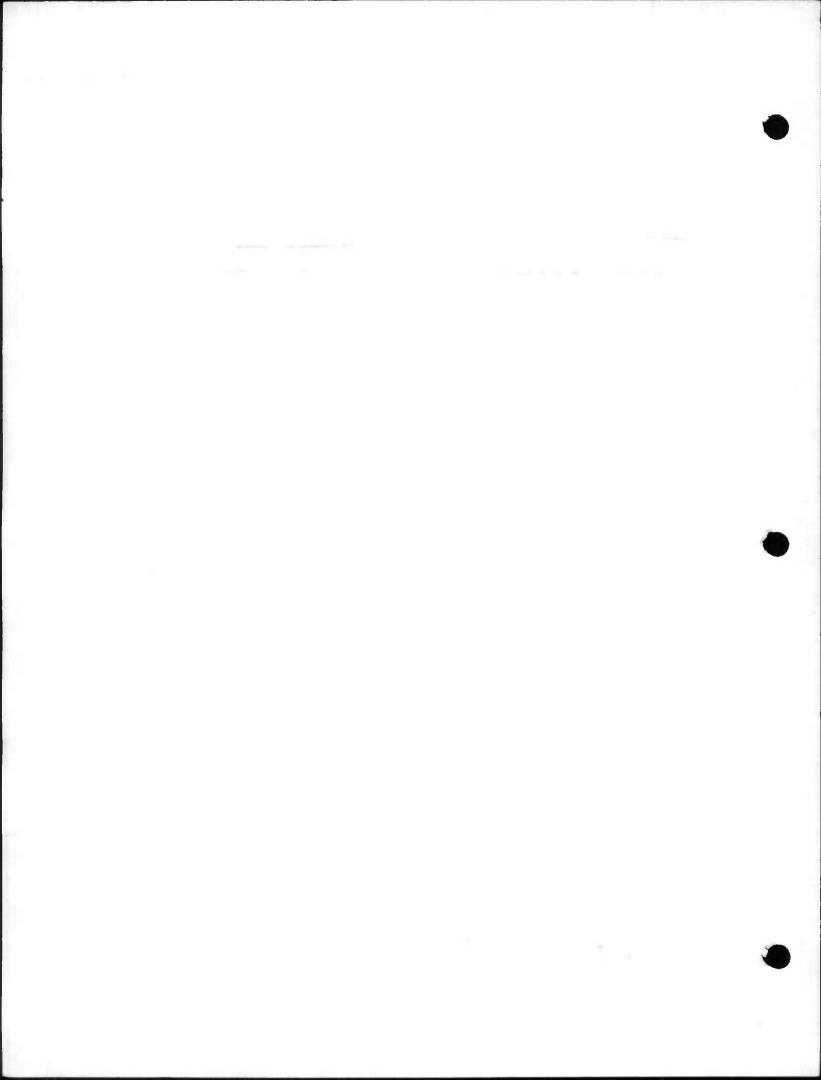


BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760, DIVISION OF VITAL

94 00466 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dorothy Poole Kline Dorothy P. Kline 800 OT 4:15 p M 94 4. SOCIAL, SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 07-25-1897 577-01-7742 96 1 - M 2 XF YRS. Baltimore, MD use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR Anne Arundel Medical Center Annapolis, MD 21401 Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Princ George MD D.C. Washington 1 YES 2 1 3 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 4201 Massachusetts Ave. 10g, CITIZEN OF WHAT COUNTRY? 20743-3101 6100 Elder Street USA after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri IF YES, GIVE WAR OR DATES BY 1 TES 2 THO Specify: Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY for Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Household detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surnen Eliza Rosina Hewitt Edwin Lewis Poole page 5 should be Ħ 8 notified Joseph Marion Kliness Street and Number of Rural Route - Capital Heights MD Joseph Kline Jr. | 6100 Elder Street, Washington, DC 20743 2 Pe 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 😿 Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Metro Crematory Baltimore, MD examiner 21. SIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Hardesty Funeral Home, P.A. Momas Ridgely Ave. Annapolis, MD 21401 or removal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardi the attending physician and completely filled in by Mental Hyglene prior to burial, cremation, or remo Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematifem 28 is marked, or litem 23 shows any Injury, or other traumatic event, the e. Respiratory arrest
OUE TO (OR AS A CONSEQUENCE OF): resulting in death) MEDICAL CERTIFICATION Pneumonia Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate Congestive heart failure cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Aortic valve stenosis PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Fracture Right Hip AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27, MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I HOSPITAL MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) D23595 1-8-94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Stephen E. Faust, MD 108 Forbes St., Annapolis, MD 21401

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		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AY YEA	3. TIME OF DEATH		
			uehnle					94	1:00 A.M.		
		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	HRTHPLACE (State or Foreign ountry)		
용		213-34-1879	1 □ M 2 X F 89	YRS.			July 7, 19		aryland		
3 should	æ	9e. FACILITY NAME (If not institution, give s				R LOCATION OF DEA	АТН	9c. COUNTY C			
%	RECTOR	Augsburg Lutheran Home Lochearn Baltimore County									
ages	Ä	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
020 physician. burial-transit permit. Pages 1,	ā		more Co.	L	ochearn				1 TYES 2 1 100		
t pert	RAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ian. transi	NER	6811 Campfield R				1207		USA			
ohysic ourlal-	FUNE	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, spe	cify Cuben, Mexican			RACE — American Indian, Black, White, etc.		
5-0020 nding physic is the burial	ВҰ	3 Nidowed 4 Divorced	IF YES, GIVE WAR OR DA	AIES	1 U YES	2 NO Specify:		Specify: White			
r attend	ED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)		USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTR			
tal or	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	•					
LAND 21213-0020 the hospital or attending physician, detached for use as the burial-tran once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	2 years	Homemak	er			2			
by the		Franz Stassel					na Reihl	Surname)	ame)		
	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a		oute Number, City or Town	n. State. Zio Codi	n)		
0) (1)	임	Mr. Bennett Linto	n	4007	Villa No	va Rd. I	Baltimore,	MD 3	21207		
. Page 6 may be rai director, page		20a. METHOD OF DISPOSITION 1 ☐ Burlal 2X Cremation 3 ☐ Rem	20b	PLACE AND DATE	OF DISPOSITION /Na	me of		CATION City o			
Age 6 ma director.		4 Donation 5 Other (Specify)	C	arroll C	ther place) remation			pstead	, Maryland		
death. Pag funeral di ti		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			Byers I	unv Funeral Di	rector	s. Inc.		
		John K A	fynly )				Rd. Randal				
DAL IIII ours after death. Pa d in by the funeral of or removal. medical examine		23. PART I. Entar tha diaeases, or ahock, or heart fallure.	complications that caused List only one cause on e	tha death. Do i	not antar tha mo	de of dylng, auch	aa cardiac or reapi	ratory arreat,	Approximata Interval Between		
		IMMEDIATE CAUSE (Final			Cara		00-		Onset and Death		
- E E		disease or condition resulting in death)	Conge			10 Myor	rang.				
executed with and complete to burial, crem	_	_	DUE TO (OR AS A	CONSEQUENCE O	F):						
be executed sician and conrider to burial, traumatic events.	NO.	Sequantially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):						
ficate be ophysician ne prior to	ERTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or Injury									
n certificat nding phy Hygiene p		that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST									
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0 2 5 3	AL (	PART II. Other algnificant condition	na contributing to death b	ut not resulting	In the underlying	causa givan in P	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
w requires that the been signed by the pt. of Health and I shows any Initial	DIC	1) Martelon	y for Br	eagl (	A		1 YES 2		COMPLETION OF CAUSE OF DEATH?		
requires requires of Heal	MEDIC	-HO colm	VIA						1 - YES 2 - HO		
1 75 % B VI	Ä	- MULTI IN	ARRI	DEME	MA						
N: The ficate has State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Chec	ck only one)				
SICIAN: The certificate the State I, or item	PHYS	1 YES 2 NO	1 Inpetient 2 ER/Outp	atient 3 DOA 28b. TIN		a 5 Realdence 6	28d. DESCRIBE HOW II	N IIIDY OCCUBE			
F with F		Netural 5 Pending	(Month, Day, Year)	IN.	JURY WO	RK?	200. DESCRIBE NOW II	NJONT OCCORE			
DR ATTENDING I DIRECTOR: After hours after death	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm,	street, fectory, office		28f. LOCATION (Street s	and Number or Ri	ural Route Number,		
ATTEN ECTOR: S after n 28 i	TED	4 Homicide determined	warrang, stat (Spec				City or Town, State)				
	COMPLET		ICIAN: To the best of my know	ledge, death occurr	ed at the time, data	and place, and due t	o the cause(a) and man	ner se stated.			
HOSPITAL FUNERAL WITHIN 72	Š	one) 2 MEOICAL EXAMINI	ER: On the basis of examination	n end/or investigation	on, in my opinion, d	eath occured at the t	lme, date and place, en	d due to the cau	use(s) end menner as stated.		
THE HOSPI THE FUNER filed within	BE (	296. SUCHATURE AND TITLE OF CERTIFIE	R D. L.			29c. LICENSE NUME	BER	29d. OATE SIG	NED (Month, Day, Year)		
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1		30. NAME AND ADDRESS OF PERSON WIT	HEIGHTS	ATH (ITEM 27) (Type	BAG	D MD	21208	7			
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	JIR	OUL	Pal
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	PIT	ERA	n 7	1
	108	N	vith	AN
	H.	E	× P	E
	E	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed and in by the fu	i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical ex

31. DATE FILED (Month, Day, Year)

JAN 12 1994

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AN ATE OF DEATH	D MENTAL HYGIEN REG. NO.	E					
	į	1. DECEDENT'S NAME (First, Middle, Lest)	EMME	7		2. DATE OF DEATH MONTH D	94	S. TIME OF DEATH				
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)  1  M 2 XF 8 YRS. WONTHS DAYS HOURS MIN. 09-01-12 MD										
	TOR	98. FACILITY NAME (If not institution, give street and number)  Sykesville Eldercare Center Sykesville Carrol  RESIDENCE OF DECEDENT										
	DIRECTOR		roll	-	WESVILLE,			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
	FUNERAL	7309 Second	Avenu		101. ZIP CODE *	34	U.	S A				
	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 K NO	If yes, specify Cuban, Mr	SPANIC ORIGIN? (Specify Year xicen, Puerlo Ricen, etc.) secify:	n or No —   14.	RACE — American Indian, Black, White, etc. Specify:				
	LETED			ille. Do NOT use reti	done during most of working fred.) Telephone		OF BUSINESS/INDUSTRY  (PBX)					
it once.	COMPLET	17. FATHER'S NAME (First, Middle, Lest)  RECEPTION ST  18. MOTHER'S NAME (First, Middle, Melden Sumeme)										
notified a	TO BE	John Scott  190. INFORMANT'S NAME (Type/Print)  Mr. Carlton L. Kemmet  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6840 Autumn View Dr. Sykesville, MD 21784										
must be		20a. METHOD OF DISPOSITION  XXBurlai 2 Cremation 3 Removal from State 4 Donation  20b. PLACE OF DISPOSITION (Name of cometery, crematory or the place)  Loudon Park Cemetery 1/11/94  Baltimore, MD  21. SIGNATURE OF DISPOSITION (Name of cometery, crematory or the place)  22c. LOCATION — City of Town, State  AND ADDRESS OF FACILITY										
examiner		Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133										
or other traumatic event, the medical examiner must be notified at once.		23. PART I Emer the diseases, pr consider, or heart feliure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)		h line.		such as cardiac or resp	iratory arrest	t, Approximate interval Between Onset and Death				
umatic es	NOIT	Sequentially list conditions, If any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):										
r other tra	ERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	SE (Disesse or injury initieted events Due to (or as a consequence of):									
any injury,	MEDICAL CE	PART II. Other algnificent conditions	contributing to death but	not resulting in th	ne underlying ceuse give	n in Part I. 24e. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO				
or item 23 shows	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE OF DEATH	(Check only one)						
or He	Sic	1 YES 2 NO	nce 8 - Other (Specify)	☐ Other (Specify)								
is marked,	ву РНҮ	27, MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF			28d. DEȘCRIBE HOW INJURY OCCURED					
28	ETED B	3 Suitride 8 Could not be determined	28e. PLACE OF INJURY – building, atc. (Specify	- Al home, farm, stree	i, factory, offica	28f. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,				
MPORTANT: If Item	COMPLE	(Ondok Only			the time, data and placa, and my opinion, death occured a			cause(a) and manner as stated.				
IMPORTA	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  REPORT OF CE	sulus		29c. LICENSE		29d. DATE 3	GIGNEO (Month, Day, Year)				
1	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEAT	H (ITEM 27) (Type, Prin	nt)	100						



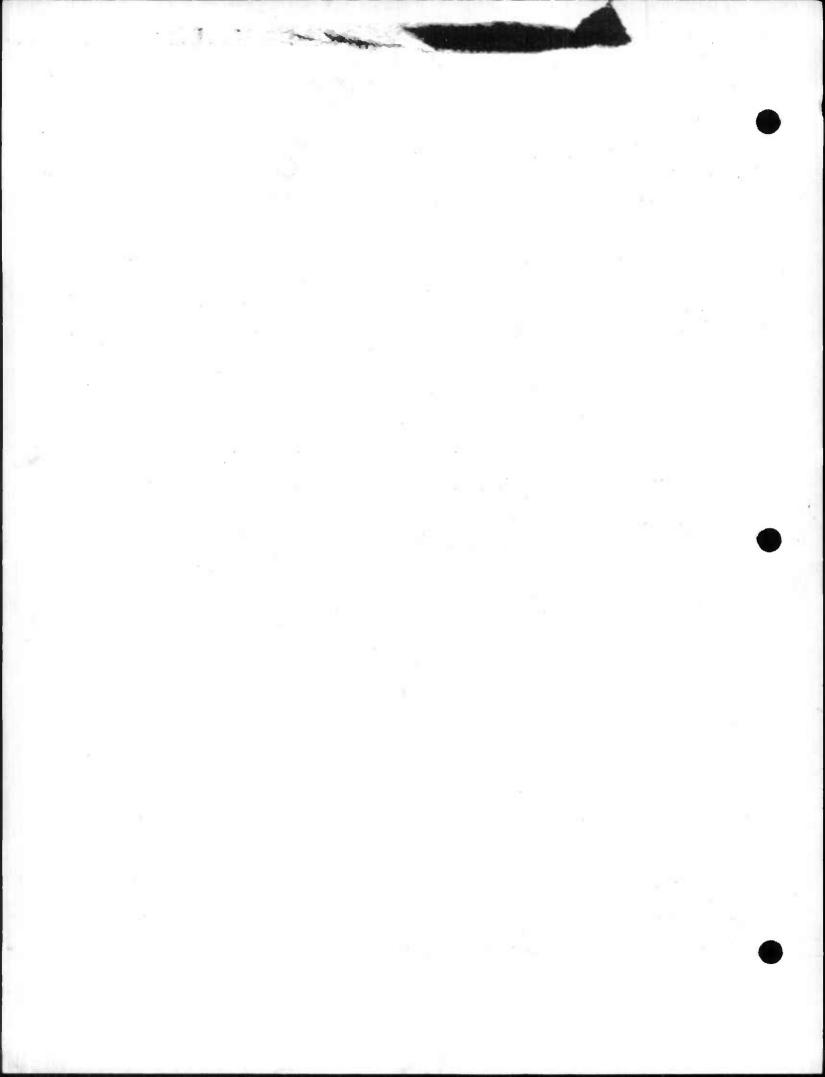
31. DATE FILED (Month, Day, Year)

ITEMS: 23 PART I, 27, PER MEO FILM G-707 1/27/94 t.t 94 00469 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle Leet) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR CARROLL 01 LONESOME 08 94 6:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) ATE OF BIRTH forith, Day, Year) 9-28-31 215-28-3400 HOURS tŽCŽM 2 ∏ F 62 YRS. DAYS MD the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL BALTIMORE CITY 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1940 Featherbed Ln. 21207 USA the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DONO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Bleck, White, etc. Specify: Black FORCES? 1 YES 2 1 Never Merried XX Merried BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) Custodian State of MD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Ħ ( Joseph Lonesome) Grace Page 6 may be retained by Percy Lonesome Lonesome BE notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code, 2 Ida Lonesome 1940 Featherbed Ln. Balto., MD 21207 Pe 20e. METHOD OF DISPOSITION

X Source 2 Committee 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION — City or Town, State must King Memorial Park Balto. Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ours after death. agnes a. morton James A. Morton & Sons Balto., 1701 Laurens St. Md 21217 medicai 23. PART (Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, and completely filled in by o bunial, cremation, or remo **Approximate** shock, or heart failure. List pnly pna cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate has been signed by the attending physician Dept. of Health and Mental Hygiene prior to certificate be cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TYPES 2 - NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The Item DIRECTOR: After this certificate hours after death with the State HOSPITAL OTHER: 1 YES 2 NO 1 | Inpstient 2X ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 25e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .99 ETED 8 Could not be 4 Homicide 28 determined hours item mean 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. COMPL TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho (Check only one) 2 QMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurs at the time, date and place, and due to the cause(e) and menner se stated. 286 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MI O.C.M.E. 1-9-1994 Mc D 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THEODORE M.KING MD 111 Penn Street, Baltimore, Maryland 21201

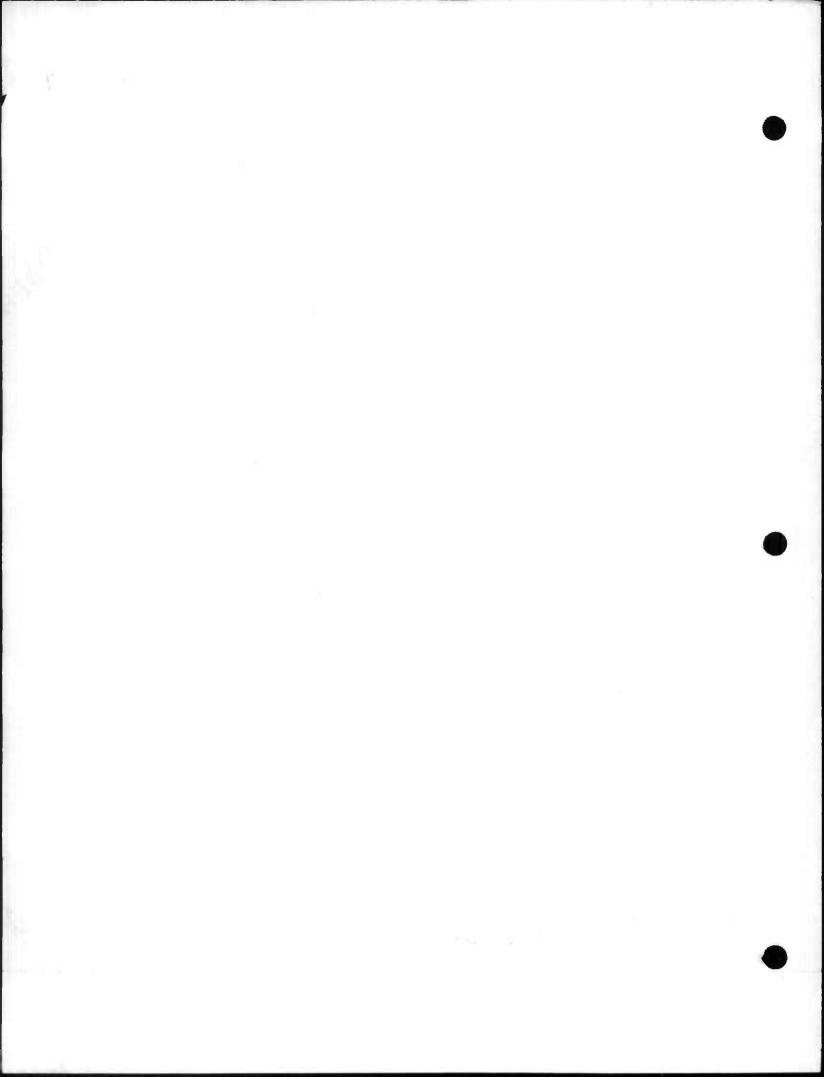
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REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020	estician: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician.	In the Crath Day the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDANG PROSICIAN: The law requires that the death certificate be executed within Z	TO THE FUNERAL DIRECTOR And this certificate has been signed by the attending physician and completely filled in by the has find withing 20 hours.	of mod within 14 hours

	FOR 1 - STATE REGISTRAR		EPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	94 004/0
		omax		2. DATE OF DEATH MONTH DAY	YEAR 8 35 PM
	242-09-0671		thday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign MARYLAND)
Î Î	9a. FACILITY NAME (If not institution, give street  2225 WHEATLEY D  RESIDENCE OF DECEMENT	and number)	96. CITY, TOWN OR LOCATION OF DE		NTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND n/		BALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2225 WHEATLEY DRIVE		101. ZIP CODE 21207	10g. CITE UNIT	IZEN OF WHAT COUNTRY?
<b>≥</b>	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxice 1  Yes 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: Black
PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ollege (1-4 or 5+) (Give k	DENT'S USUAL OCCUPATION  find of work done during most of working  NOT use redired.)  BLED Laborer	16b. KINO OF BUSINESS/IND	
d at once.	17. FATHER'S NAME (First, Middle, Lest) ELIJAH LOMAX		18. MOTHER'S NA GLENDO	ME (First, Middle, Meiden Sumame) RA BARRETT	
examiner must be notified at	19a. INFORMANT'S NAME (Type/Print) THOMASINE JOHNSON	19b. M 2	ALLING ADDRESS (Street and Number or Aural of 225 WHEATLEY BELVE 101	Route Mumber, City or Town, State, Zip BALTIMORE, MARYLA	ND 21207
er must t	20a. METHOD OF DISPOSITION  1 KNBuriel 2 Cremation 3 Removal  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	from Starte cometers cremet	DATE OF DISPOSITION (Name of SON) OTHER STOREST VA CEMETERY		
l examin	Lee V. 3	olland		1101 E. NORTH	
ry, or other traumatic event, the medical CERTIFICATION	shock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly illat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Only one cause on each line.  Sepsis  Due to (or as a conseque)  Due to (or as a conseque)  Due to (or as a conseque)	NCE OF):  VICEVS  NCE OF):	h as cardlec or respiratory arr	Approximate Interval Between Onset and Death  2 wks.
shows any Inju	PART II. Other significant conditions of Alzhermen's Discase	AISCARL, Pe	illing in the underlying cause given in Wisco	Part I. 24a. WAS AN AUTOPSY PERFORMEDY 1 VES 2 M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or item 23		OSPITAL:	26. PLACE OF DEATH (Ch		
is marked, or O BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	Bb. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	284. DEŞCRIBE HOW INJURY OCC	CUREO
2 E	3 Suicide 8 Could not be datermined	26a. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
MPORTANT: If item D BE COMPLE	000)		occurred at the time, date and place, and due stigation, in my opinion, death occured at the		
TO BE	29b. STUPE HIT TITLE OF CERTIFIER		29c. LICENSE NUM D24	18ER 29d. DATI	E SIGNED (Morith, Day, Year) JCM 10, 1994
+1	30. NAME AND ADDRESS OF PERSON WHO C Dorothy A. S 31. DATE FILED (Month, Day, Year)	now. M.O.	10 N. Gred	ene St. 7	Pault MD ZIZO
	JAN 12 1994	32 REGISTRAP'S SIGNATURE			



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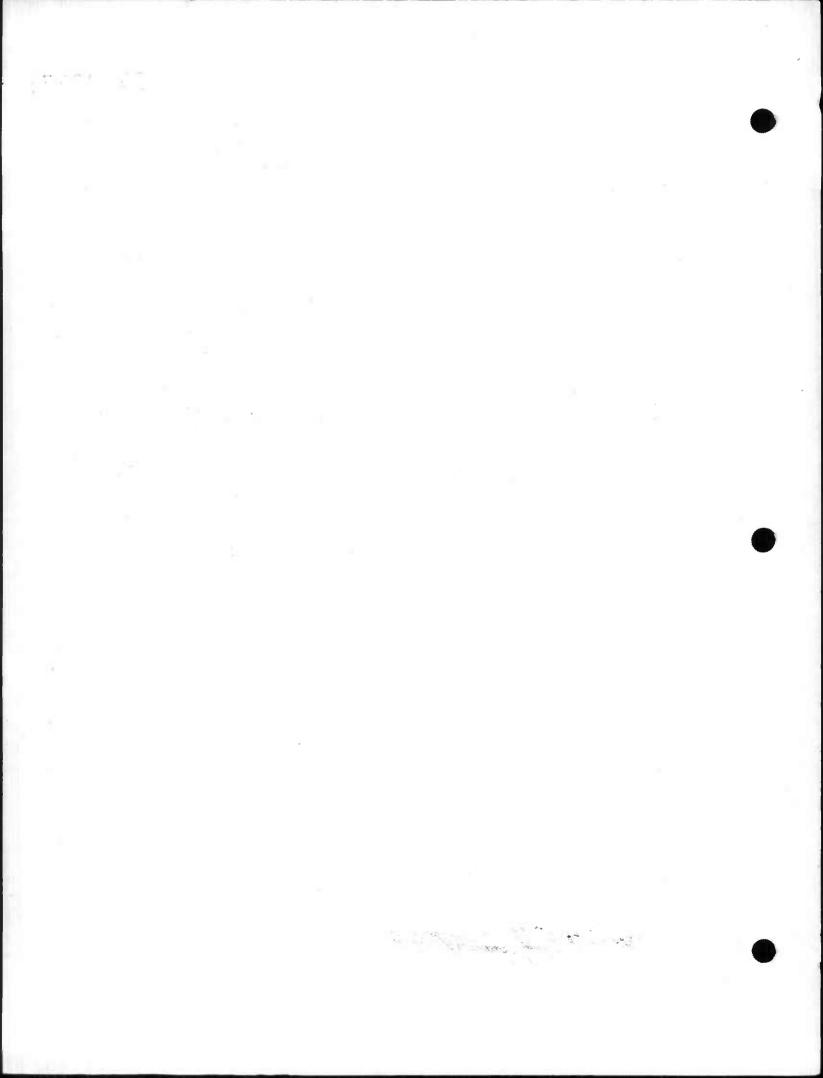
	1 - FOR STATE REGISTRAR		STATE OF					IEALTH ANI	D MEN	ITAL HYGIEN	E 9	4	00471
	1. DECEDENT'S NAME (Firs								2. [	DATE OF DEATH		VEAR .	3. TIME OF DEATH
		rd C.	Lewis						J	an.	199	4	8:30A
	4. SOCIAL SECURITY NUM 074-16-9326		5. SEX 1 🙀 M 2 🗌 F	6. AGE (In yrs. 78		IF UNDER	DAYS	HOURS MIN	S. 7. D	Month, Day, Year) Jan. 12,	1915	Country,	ew York
	9e. FACILITY NAME (If not	institution, give	street and number)			9b. CITY	, TOWN	OR LOCATION OF	DEATH		9c. COUNT		
CTOR	4110 Buck	ingham	Road				Balt	imore			В	alti	more
Di Di	10e. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN (	OR LOCA	TION				T	10d. INSIDE CITY
DIREC	Maryland	Ва	ltimore			Bal	timo	re					LIMITS?
	10e. STREET AND NUMBER							f. ZIP CODE			10g. CITIZE		HAT COUNTRY?
ERAL	4110 Buckin	gham R	load					2120	)7		Uni	ted	States
BY FUN	11. MARITAL STATUS  1 Never Merried 2 X  3 Widowed 4 Div	-		NT EVER IN U.S. 1 YES 2 WAR OR DATES	ARMED 3NO		if yes, sp	CENDENT OF HIS secify Cuban, Mei	ricen, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No — 14	4. RACE Black, Specify	- American Indian, White, etc.
ED E		CEDENT'S EDU	ICATION	T 40.	DECEDENT'S		00118471				1		MILLE
H	(Specify or Elementary/Secondary	nly highest grede	completed)		(Give kind of life. Do NOT u	work done	during me	ost of working		16b. KIND OF BUS	SINESS/INDUS	STRY	
PL	12th grade	(0-12)	College (1-4 or 5		chani	c Ap	plia	inces	l	Self-	Employ	ved	
COMPL	17. FATHER'S NAME (First, I	Middle, Lest)						· · · · · · · · · · · · · · · · · · ·	NAME (F.	irst, Middle, Maiden			
ш	Burton H.	Lewis						Mae	He1	mer			
TO B	190. INFORMANT'S NAME		_		19b. MAILIN	G ADDRES	(Street	and Number or Ru	ral Route	Number, City or Town	n, State, Zip C	ode)	1207
-	Mrs. Blanch		.S		4110	) buc	кти	ham Ro	oad	Baltim	ore m	<i>U</i> 2	.1207
	20a. METHOD OF DISPOSI 1 Burlai 2 Cremet 4 Donetion 5 Che		noval from Stata	cemetery.	CE AND DATE	other place!			1		CATION — CI	•	
	4 ☐ Donetion 4 ☐ Other			Mt.	Oliv			Ch. Ceme			Randa.	llst	own, MD
	. \		1/h	( V	1.1					neral Di	recto	rs,	Inc.
-	T. D.	mar	12	C00	wy	8	728	Liberty	y Ro	ad Rand	allst	own,	MD 21133
	23. PART Enter the shock or in immediate Cause (Fi disease or condition reaulting in death)	hasrt fallura.	a.	et caused that use on each if	na. Ne Ma		tha mo			cardiac or respi	-7		Approximate Interval Batwee Onset and Dasi
CERTIFICATION	Sequentially list condi- if amy, leading to imm- cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	ediata /ING ury	c	O (OR AS A CONS									
MEDICAL	PART II. Other signification	ant condition	ns contributing to	death but no	11	In the ur		g cause given	In Part	I. 24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED	TO MEDICAL					28. P	LACE OF DEATH	(Check or	nh one)			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHEI	R:	~/	- /-	Other (Specify)			
BY PHYSICIAN:		Pending Investigation	28e. DATE O		28b. Til		28c. IN.	JURY AT DRK? YES 2 NO		DESCRIBE HOW I	NJURY OCCU	REO	
ED	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e, PLACE building	OF INJURY — At I, etc. (Specify)	home, ferm,	street, fact	lory, offic	•	28f.	LOCATION (Street a City or Town, State)	and Number or	Rurel Ro	oute Number,
COMPLET	anal .		ICIAN: To the best of										end menner ee stated.
	296. SIGNATURE AND SITE			m 1				29c. LICENSE		,		1	Minth Digi Year)
O BE	1100/2	Dru	6001	m)				20-	220	25	<b>&gt;</b> //	1101	194

31. DATE FILEO (Month, Day, Year)

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be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be fled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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after (	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	traumatic event, the medical examiner n
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BE COMPLETED BY PHYSICIA

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1. DECEDENT'S NAME (First, Middle, Last)			CERTIF					REG. NO		T	3. TIME OF DE	
MIRIAM		800	411	P51	T	2		MONTH	-	YEAR	1:55	
4. SOCIAL SECURITY NUMBER 219-30-6187	5. SEX 1  M 2 F	89	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	(Month, Day, Year)	1904	Country	PLACE (State or I	
	rest and number) REATER W.	ASHING	TON	_								
10a. STATE 10b. COUNT				-		TION					10d. INSIDE CIT LIMITS? 1 X YES 2	
1801 E JEFFERSON	ST				101			12	10g. CITIZI USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.: 1 YES 2 WAR OR DATE:	S. ARMED	66	yes, spe	ecify Cubs	n, Mexican, Pi	PRIGIN? (Specify Yourto Rican, etc.)	es or No-	14. RACE Black, Specify WHI		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)						16b. KIND OF BUSINESS/INDUSTRY						
17. FATHER'S NAME (First, Middle, Lest) BENJAMIN GRI	EENSPON								st, Middle, Meiden Sumame) SILBERBERG			
19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  MRS SYT,VTA COLLITE												
20e METHOD OF DISPOSITION 1 Burisi 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemeter	ACE AND DATE ry, cremetory or o	OF DISPOSI	TION (Na	ame of		DATE 20c. L	OCATION - C		rn, Stata	
· Sint VI	1. (it	Alla		22. N SO	L LE	EVINS	ON & 1	BROS., I	NC.			
23. PART I. Enter the diseases, or shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	use on aach	Ilna.	not antar	tha mo	da of dyi	ng, such as	cerdiac or res			Approximinterval Onset si	
Sequentially list conditions,	b. GE	NER A	2122 INSEQUENCE O	PF):	A	RT	ERIC	SCLEI	2051	5	YEI	
csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	csuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events  Due TO (OR AS A CONSEQUENCE OF):											
DEMENTIA	7. N	ORM				-		PERFO	PRMED?		WERE AUTOPSY AWAILABLE PRIO COMPLETION OF OF DEATH?	
	MIRIAM  4. SOCIAL SECURITY NUMBER  2.19—30—6.187  99. FACILITY NAME (If not institution, give a HEBREW HOME OF G.  PRESIDENCE OF DECEDENT  100. STATE  100. COUNT MONTO  11. MARITAL STATUS  1	MIRIAM  4. SOCIAL SECURITY NUMBER 2 19-30-61897  99, FACILITY NAME (If not institution, give street and number) HEBREW HOME OF GREATER W.  PRESIDENCE OF DECEDENT  100. STATE 100. COUNTY MONTGOMERY  11. MARITAL STATUS 1	MIRIAM  4. SOCIAL SECURITY NUMBER 219-30-618  90. FACILITY NAME (if not Institution, give street and number) HEBREW HOME OF GREATER WASHING  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY MONTGOMERY  11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 1 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  6  17. FATHER'S NAME (First, Middle, Last) BENJAMIN GREENSPON  19a. INFORMANT'S NAME (Type/Print) MRS SYLVIA GOLLUB  20a. METHOD OF DISPOSITION 1 Durist 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF PUNERAL SERVICE LICENSEE  AMALIAN  220. PL  23. PART I. Enter tha diseases, or complications that caused the shock, or haert failure. List only one cause on each immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribu	MIRIAM  4. SOCIAL SECURITY NUMBER 2 19—30—61887  1	MIRIAM  4. SQCIAL SECURITY NUMBER 4. SQCIAL SECURITY NUMBER 5. SEX 1	## ASCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX 1	## ACCILL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 M F  89 PYS. Rest birthday)  10 M 2 M F  99. FACILITY NAME (if not institution, give street and number)  10 M 2 M F	## ASCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  1	## A SOCIAL SCURPTY NUMBER  4. SOCIAL SCURPTY NUMBER  5. SEX  5. SEX  5. SEX  5. SEX  6. AGE (br yrs. lest birtholay)  78. WE SUMMINGE PARKET SET OF	** ACCAL SECURITY MARBERT   S. SEX   S. AGE (in yiz. lest birthday)   F. MOREY I TAM   F. MOREY BIRL   T. OME OF BIRLY	MIRIAM  *** ACCAL SECURITY MAMBER**  *** ACCA	

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

00472

3. TIME OF DEATH

1:55 8. BIRTHPLACE (State or Foreign Country) RUSSIA

> 10d. INSIDE CITY 1 X YES 2 NO

14. RACE — American Indian, Black, White, stc.

Approximate Interval Between Onset and Death

1 TYES 2 NO

	- 1	
		_

26d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CHECK ONLY	CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and piece, and due to the cause(s) and manner as stated.

26a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

26b. TIME OF

26s. DATE OF INJURY (Month, Day, Year)

28c, INJURY AT WORK?
1 YES 2 NO

6

31. DATE FILED (Morith, Day, Year)

LAN 12 1994 32. REGISTR

27. MANNEB-OF DEATH

5 Pending Investige

6 Could not be

Natural
2 Accident

3 Suicide

21,100 10

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 213-20-1111 69 1 - M 2 X F TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. Se. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH TO BE COMPLETED BY FUNERAL DIRECTOR urs after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

20

1 -

9

8. BIRTHPLACE (State or Foreign Country)

MARYLAND

1994

10

9e. FACILITY NAME (If not institution, give etreet et	· · · · · · · · · · · · · · · · · · ·	9b.	CITY, TOWN OR LOCATION OF D	9c. COUNTY OF DEATH		
NORTHWEST HOSPITAL	CENTER		RANDALLS	TOWN		BALTIMORE
RESIDENCE OF DECEDENT						
MARYLAND BALTI	MORE	The state of the state of	WN OR LOCATION ALTIMORE	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
7202 ROCKLAND HILLS	DRIVE, APT. 21	10	101. ZIP CODE 21	209		SA
1 Never Married 2 Merried	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N F YES, GIVE WAR OR DATES	MED IO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 JNO Speci	en, Puerto Rican, atc.)	s or No 14	. RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade compile Elementary/Secondary (6-12) Col 12	(Gh	he kind of work of Do NOT use reti	AL OCCUPATION tions during most of working red.)  KEEPER	186. KIND OF BU	SINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last) HYMAN	SHIND	DEL		AME (First, Middle, Melder RAH	Surname)	HÄRRIS
190. INFORMANT'S NAME (Types/Print) MR MARK L			RESS (Street end Number or Rural ENTWOOD COURT			
20e. METHOD OF DISPOSITION  1X Buriel 2 Cremation 3 Removal for Characteristics  4 Donation 6 Other (Specify)			SPOSITION (Name of	1-10-94 BA		y or Town, State E , MD
21. SIGNATURE OF FUNERAL SERVICE-LICENSE	Leura		22. NAME AND ADDRESS OF F. SOL LEVI 6010 REISTER			
23. PART   Enter the diseases, or composition of heart fellure. List of immediate cause (Finel disease or condition resulting in death)	Illications that caused the de- only one cause on each line. A eta state OUE TO (OR AS A CONSEC	B				t, Approximate interval Between Onset and Death
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT)					
PART II. Other algolificent conditions con	ntributing to death but not n	esuiting in th	a underlying cause given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
	SPITAL: Inpatient 2 ER/Outpatient 3		HER: Nursing Home 5 - Residence	6 Other (Specify)		
27. MANNER OF OEATH  1 Naturel 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. OESCRIBE HOW	INJURY OCCUI	RED .
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, stree	t, factory, office	28f. LOCATION (Street City or Yown, State		Rural Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COI	To the best of my knowledge, de the basic of examination and/or in the basic of examination and/or in the basic of examination and/or in the basic of examination and/or in the basic of examination and the basic of exami	M 27) (Type, Prin	my opinion, death occured at the	time, date and place, e	nd due to the o	
31. DATE FILED (Month, Day, Year) LAN 12 1994	The control of the co	(wes)	7.02			7.0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

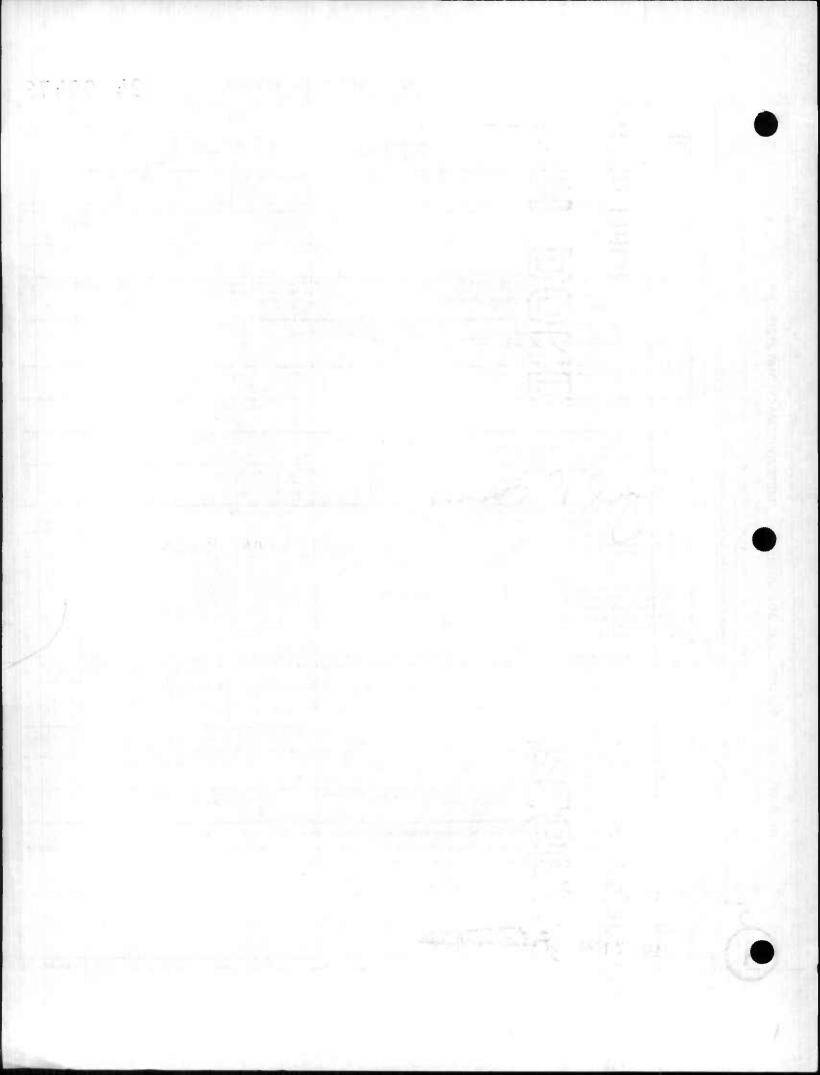
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2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

JAN



ohysician.	burial-tran		
e law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran-		
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death. P.	funeral		123 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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within	npletely	cremati	vent, t
executed	and cor	burial,	natic e
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WE GW	has b	Dept.	23

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

Item

certificate In the State

L DIRECTOR: After this certificate to Province the State this certificate to thous after death with the State fillem 28 is marked, or item

FUNERAL within 72 1

TO THE FUNERAL be filed within 72 IMPORTANT: II

permit. Pages 1, 2, 3 should

94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ANGELINA M./LOMBARDI YEAR 915 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F YRS. 7762 New Jersey 023 65 3132 03 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore DIRECTOR University Hospital RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Morris New Jersey Jefferson Township 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f 7IP COOF 10g. CITIZEN OF WHAT COUNTRY? 229 Espanong Rd. 07849 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIYE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexicen, Puerto Rican, atc.)

14. RACE — American Indian, Black, White, atc.

15. YES 2 NO Specify: Specify: 1 Never Merried 2 Merried BY 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9 yrs Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Sommo Grace BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Theresa Hardy 10477 Sternwheel Place Columbia, Md. 21044 20a, METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☑ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State emetery, cremetory or other place)
St. Theresa Cemetery 1-15 Summit, New Jersey 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 2120 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Hemorhage disease or condition resulting in death) SUBDIERA DUE TO (OR AS A CONSEQUENCE OF): Fall CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate for Aontic Valve Replacement Anti coagu cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events 19 trans DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TNO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: ng Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW JNJURY OCCURED ■ Natural 5 Pending м 1 YES 2 NO syn cope 2 Accident
3 Suicide Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) COLUMBIA, MAR 10477 STERNWHEEL PLACE 6 Could not be MARYLAND 4 Homicide AT HOME 29s. CERTIFIER 1 Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner ee stated.

29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

#6730

whollow 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Victor Caraballo University Hospital Baltimore, Md.

JAN 1 2 1994 37 REGISTPAR'S SIGNATURE

(clevi

Approximate

Onset and Death

PMM

Stand are ... at the property of TAN 1 2 1994 Selection Selection and Selecti

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEI CER1	PARTMEI	NT OF H	DEAT	AND		HYGIENI REG. NO.	E -		00470
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		3	TIME OF DEATH
	Rosabel	le Arı	miger	Marsh	all			Jan	10.10		EAR	8 P.
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last birth		DER 1 YEAR	IF UNDER		7. DATE OF	BIRTH		BIRTHPL	ACE (State or Foreign
	216-12-0786	1 🗆 M 2 💢 F	81 YF	RS. MONTH	B DAYS	HOURS	MIN.	Sept.		12	Country)	Lee fee
~	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CI	TY, TOWN O	R LOCATIO	ON OF D		1 19	9c. COUNTY	OF DEA	yland
5	3916 River C	lub Drive	e	F	Edgev	vate	r			Anno	7\ >==	undel
EC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	100	. CITY, TOW						Anne		
DIRECTOR	Maryland Anne	7 7 - 7										d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER	Arundel		Edgev		ZIP CODE				10a, CITIZEI		YES 2 NO
ER	3916 River C	lub Driv				1100	_					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT F	VER IN U.S. ARMED	1	3. WAS DEC	ENDENT O	F HISPAI	NIC ORIGIN? (	Specify Yea	or No - 14		American Indian,
ВУ Б	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	OR DATES		If yes, spe 1 TES		n, Mexica Specif	en, Puerto Rici	en, etc.)		Black, V Specify:	filta, etc.
	1111										Whi	t-0
ETE.	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDE	NT'S USUAL d of work don OT use retired	ne during mos	IN st of working	g	16b. KI	ND OF BUS	NESS/INDUS	fRÝ T	
P	Elementary/Secondary (0-12)	Collega (1-4 or 5+)			,							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		L FOC	od Ma	mage		ED'C NA	ME (First, Mide		ils	ales	3
	Thomas Henry	. Λεmico.										\
) BE	19a, INFORMANT'S NAME (Type/Print)	ALIIITGE		LING ADDRE	SS (Street ar	De.	or Rumi	e L.	City or Town	State Zin Co	OWII	)
2	Merle Roberte							r. Ed				21037
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem		20b. PLACE AND D	ATEOF DISP	OSITION (Nat			DATE	-	ATION - City		
	4 Donation 5 Other (Specify)		Metro	crema	oty			1	Balt	imor	e,	MD
_1	21. SIGNATURE OF FUNERAL SERVICE LIC	1.4		2:	2. NAME AN	DADDRES	S OF FA	nera]	LIO	no D	7	
	- Thomas A	Hardes	to									D 21401
	23. PART I. Enter the diseases, pr	omplications that co	ausad tha death. I	Do not ente	er the mod	ta of dyle	ng, suc	h as cardiac	Dr respir	atory arrest	,	Approximate
	IMMEDIATE CAUSE (Final	List only one cause	on each line.									Interval Between Onset and Death
	disease or condition resulting in death)	Colo	n Car	inor	M							17 months
1			AS A CONSEQUENC									
NO N	Sequentially list conditions,	b										
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH	AS A CONSEQUENC	E OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEQUENC	E OF):								
E	resulting in death) LAST	d.										
	PART II Other significant condition	o operalbustan an de	-41 5 4 4 4 4									
CAL	PART II. Other algorificant condition			ng in the i	underlying	cause gi	iven in	Part I. 24	a. WAS AN A PERFORM			RE AUTOPSY FINDINGS MLABLE PRIOR TO
		10001 49	mure					_ 11	YES 2	MO NO		MPLETION OF CAUSE DEATH?
Σ							_	_			1 (	YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL				20 84 6	05.05.05	A-974.4 4/0.4					
Sic	EXAMINER? 1 YES 2 Y NO	HOSPITAL:	NOutpetlant 2 DO	ОТНЕ	ER:			eck only one)	-			
<b>≟</b> ∥	27. MANNER OF DEATH	28a. DATE OF INJ	URY 28b.	TIME OF	28c. INJU		idence	8 Other (Sp		JURY OCCUR	ED.	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	fear)	M	WOR	IK? ES 2	NO .				LU	
0 1	3 Suicide 8 Could not be	28e. PLACE OF IN building, atc.	JURY Al home, far	rm, street, fa	ctory, office			28I. LOCATIO	N (Street an	d Number or F	Rural Route	Number,
	4 Homicide determined	oundrig, are.	(орвану)					City or To	own, State)			
COMPLET	29a. CERTIFIER (Check only	CIAN: To the beat of my	knowledge, death oc	curred at the	time, date s	and place,	and due	to the cause(s	and mann	er as stated		
S O	one) 2 MEDICAL EXAMINE	A: On the basis of exami	ination and/or investig	ation, in my	opinion, de	ath occure	d at the	Ilme, date and	place, and	due lo lhe ca	iuse(a) an	d manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICEN						nth. Day, Year)
0	Oham (	25 wh	-1 000			C	38	563		<b>&gt;</b> 1	n	94
-	30. NAME AND ADDRESS OF PERSON WHO		F DEATH (ITEM 27)	Type, Print)	- 11	0.			q			
		rbarm	134 OV	vens	Ville	Kd	W	cert 6	2 Ne	1, 1	S	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S.	SIGNATURE							1		
	JAN 12 1994	Marian	Shrank									

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permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPART	MENT OF	F HEALTH	AND	MENTA	HYGIENI REG. NO.	E	94	0047	7
1. DECEDENT'S NAME (First, Middle, Last)			-				2. DATE	OF DEATH			3. TIME OF DEATH	
Albert Lyons	Morel	and					Jan	11,	1994	YEAR		М
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)   IF UNDER 1 YEAR   IF UND							7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign	n
220-09-6956	1√2 M 2 □ F	74	YRS.	MONTHS DAY		MIN.	Sep	18,	1919	Country	aryland	
9e. FACILITY NAME (If not institution, give st	,		12	9b. CITY, TOV	WN OR LOCAT	ION OF D	EATH		9c. COUN	ITY OF D	EATH	
441 W Bay From	nt Road			Lot	hian				Ann	e A	rundel	
MD 106. COUNTY Anne	Arunde	1		town on Lo							10d. INSIDE CITY LIMITS? 1 YES 2 XX	
10e. STREET AND NUMBER					10f, ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?	_
441 W Bay From					20	711			U	SA		
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED		DECENDENT			? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.	
3 Wildowed 4 Divorced	IF YES, GIVE V	YES 2 N VAR OR DATES			YES 2 NO			,,		Specif	White	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			SUAL OCCUP	PATION most of worki	ina	16b.	KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT use	retired.)	, modi or morio	9	Ι.	, , ,				
12		Fai	rmer				1	Farmi	ng			
17. FATHER'S NAME (First, Middle, Last)  Clarence Russe	ell Mar	eland S	Sr.					liddle, Meiden : La Sk.		r		
19e. INFORMANT'S NAME (Type/Print)	11- Mar							er, City or Town			MD 2071	1 1
Margaret Este	ite Mor	erand	44	I W E	say Fi	COIL	RO	ad, L	othi	an,	MD 2071	1 1
20e. METHOD OF DISPOSITION    1/2   Burlel   2   Cremation   3   Remail   4   Donation   5   Other (Specify)	oval from State	20b. PLACE A cemetery, crei	ND DATE OF	er plece)	Ceme	ster	DATI		thia			
21. SIGNATURE OF FUNERAL BERVICE LIC	ENGEE			22. NAM	E AND ADDRE	SS OF FA	CILITY		٠,			_
D 1/2	Landon	1.						al Ho				
Jamies 30 1	Jarracon	ey y		12	Ridge	ely	Ave	. Ann	apol	is,	MD 1240	)1
23. PART I. Enter the disease, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cer	use on each line				ring, suc	ch es card	iec or respli	ratory err	eet,	Approximete Interval Between Onset and Da	
resulting in deeth)	a	Oul MAN	419	80	2 Una							
	DUE TO	(OR AS A CONSEC	UENCE OF)	:								
Sequentially list conditione,	b	(OR AS A CONSEC	FILL								<u> </u>	
if eny, leading to immediate cause. Enter UNDERLYING	DOE 10	(OH AS A CONSEC	IUENCE OF):	;								
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF):	;								
	d											
PART II. Other significent condition	a contributing to	deeth but not re	esulting in	the under	ying ceuse	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE	

1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be determined 4 Homicide

29e. CERTIFIER

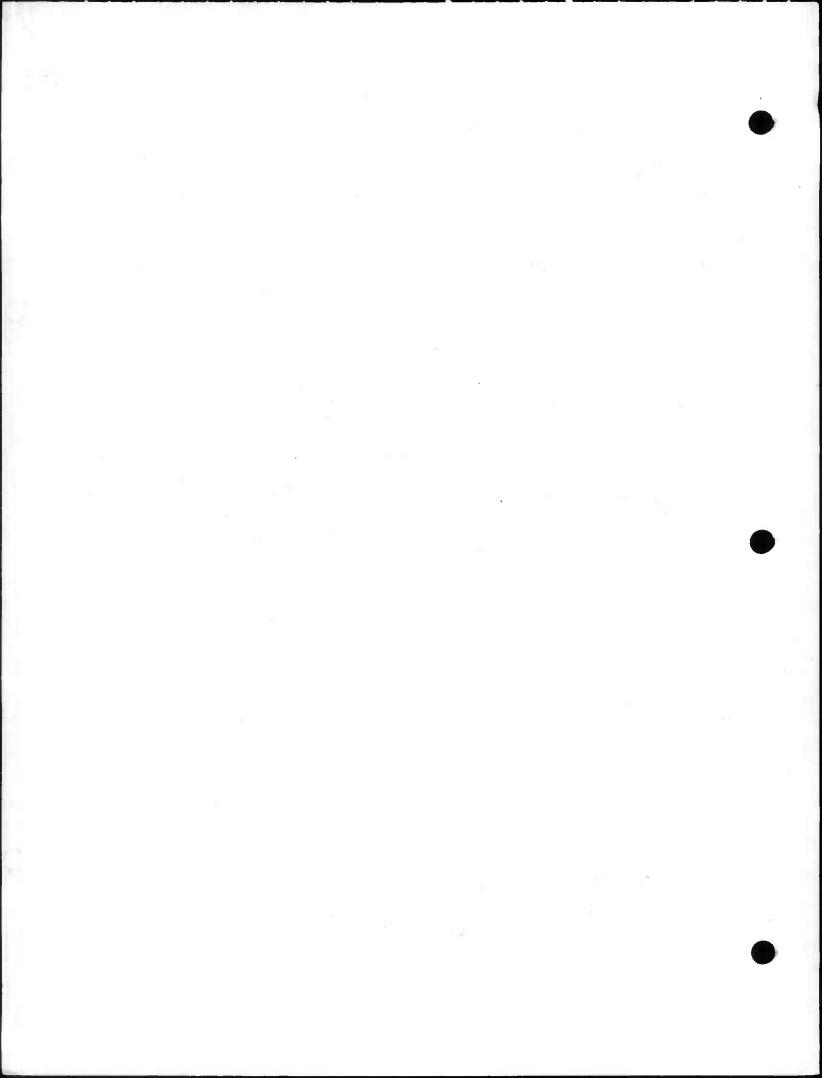
(Check only one)

2 | MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date end pieca, end due to the ceuse(e) end menner es stated.

SIGNATURE AND TITLE OF CERTHIJER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Mu Mr Miller MO	1380718	1-12-54
SAME AND ADDRESS OF REAL WAYS ASSESSED TO BE ASSESSED.		

John 1837 PORST M. Annegolis hed 2001 Sacksan JAN 12 1994

DHMH-16 Rev 1/89



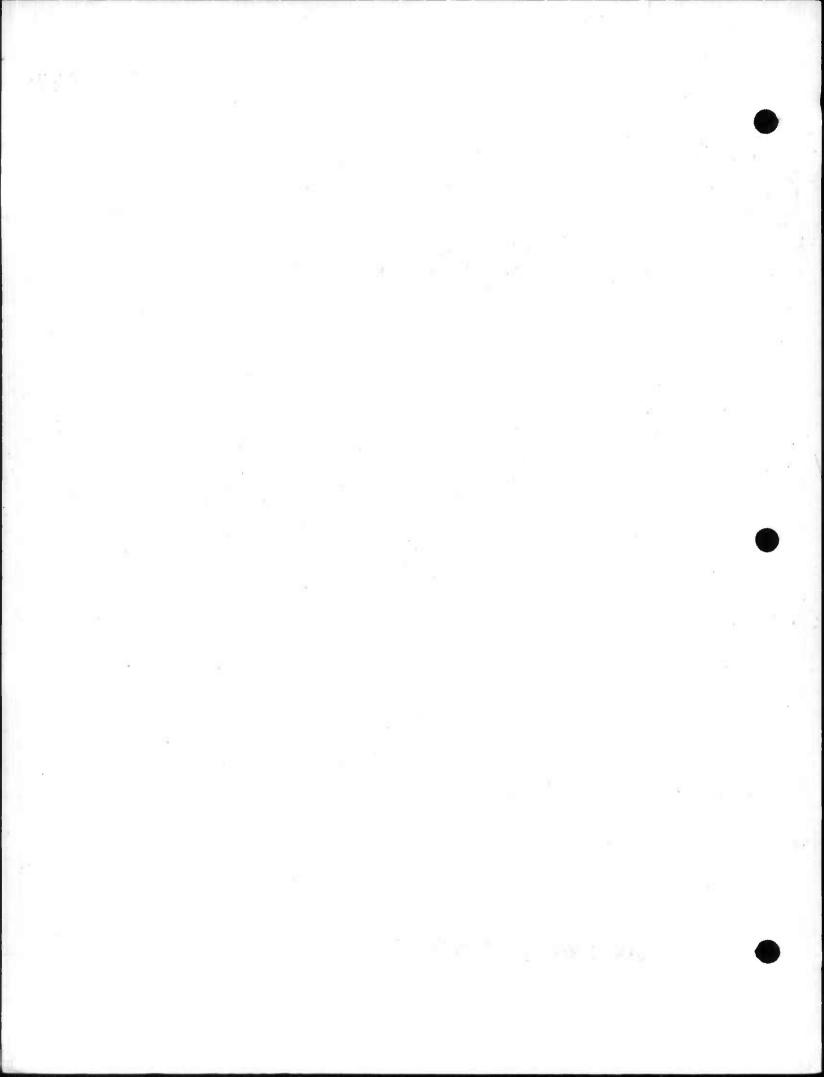
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within a flow fours after death. Page 5 may be missined by the law consistence of the attending physician and completely filled in by the innertil director, page 5 should be detached for use as the burnishment permit, in the Kiste death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

	1 - STATE REGISTRAR	STATE OF M			RTMENT OF H		MENTAL HYG	IENE NO.	94	001	478	
	1. DECEDENT'S NAME (First, Middle, L	est)					2. DATE OF DEA	ТН		3. TIME OF DE	ATH	
	WILLIAM MARS	SH .					01	03	94	2:32	Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las 56	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye		8. BIRT	HPLACE (State or ry)	Foreign	
FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, g 4002 GRIER	NURSERY	ROAD		96. CITY, TOWN O	VILLE		9c. COUNTY OF DEATH HARFORD				
EG		ESIDENCE OF DECEDENT  6. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE C	TV	
JIR	MD Ha	The strip to the second of								LIMITS?		
=	10e. STREET AND NUMBER	Harford Pylesville D NUMBER 101. ZIP CODE						10a CI	TIZEN OF Y	1 TYES 2 WHAT COUNTRY		
ER/	4002 Grie	r Nurser	v Roa	ъ		21132						
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DEC		NIC ORIGIN? (Speci	v Yes or No-	14. RAC	E — American In	dian.	
F	1 Never Merried 2 Merried	FORCES? 1	YES 2 N	10	If yes, sp		en, Puerto Rican, et		Spec	k, White, etc.		
84	3 Widowed 4 Divorced						,		1	Whi	te	
TED	15. DECEDENT'S (Specify only highest (		(G	ive kind of	USUAL OCCUPATION	ON ast of working	18b. KIND O	F BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	life.	Do NOT u	se retired.)	. , ,						
M	AT CATUCAGO MANE COLONIAL AND A											
	17, FATHER'S NAME (First, Middle, Last					18. MOTHER'S NA	AME (First, Middle, M	aiden Surname)				
8E	19a. INFORMANT'S NAME (Type/Print)		T 194	h MAII INC	ACCRES (Street of	and Number or Bumi	Route Number, City of	Town Chair 7	Va Cardal			
5	1,,,			o. mr.ibiiii	ACONESS (SIRBOR )	ING HUMOR OF HURBE	rioute Number, City o	r rown, State, 2	ib (2009)			
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITION (Na	ame of	OATE 20	c. LOCATION -	- City or Ti	wn State		
	1 Buriel 2 Cremation 3 1 1 4 Donetion 5 Other (Specify)		remetery, cre	metory or o								
	21. SIGNATURE OF FUNERAL SERVICE		d Wade	e . Di	22. NAME A	NO AOORESS OF FA	WILITY Stat	ο Ana	t om	y Boar		
	D de Nort	111 has	0 -			.Baltim	oreSt,				u	
-	23. BART I. Enter the diseases.	or complications that	caused the de	eth Do							m nt.	
V							interval	Between nd Death				
TION	Sequentially list conditions, if any, leeding to immediate	b. DUE TO (	OR AS A CONSEC	DUENCE O	F):		-					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (	OR AS A CONSEC	OUENCE O	PF):							
E	reaulting in death) LAST	d,										
	PART II. Other significent cond	tions contribution to	dooth hut ant a		I- Ab							
PHYSICIAN: MEDICAL	Diabetes		occur out not t		in the underlying	y couse given in	PE	IS AN AUTOPSY REFORMED? ES 2   NO	246	AMILABLE PRIC COMPLETION O OF DEATH?  VE YES 2	PR TO F CAUSE	
Ä	25. WAS CASE REFERRED TO MEDICA											
2	EXAMINER?  YSY YES 2   NO	HOSPITAL:			OTHER:	ACE OF DEATH (CI						
H	27. MANNER OF DEATH	1 □ Inpatient 2 □		26b. TIN			6 Other (Specify 26d. DESCRIBE I		CUBER			
BY PI	1 Natural 5 Pending 2 Accident Investigat	(Month, Da		IN	JURY WO	PRK?	Zoo. DESCRIBE I	ON MISORY OF	CONED			
	3 Suicide 6 Could not 4 Homicide determine	be 28e. PLACE OF building,	INJURY — At ho rtc. (Specify)	me, term,	atreet, factory, offic	•	261. LOCATION (S City or Town,		er or Rural .	Route Number,		
COMPLETED		HYSICIAN: To the best of ex								a) end manner ei	stated.	
TO BE	296. SIGNATURE AND TITLE OF CENT	J. Churt	6 110		0	O.C.M.			TE SIGNED	(Month, Day, Yea 1/94	nr)	
-	30. NAME AND ADDRESS OF PERSON	MINO COMPLETEO CAUS				, Baltim	ore, Mar	yland	2120	01		

32 REGISTRAR'S SIGNATURE



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MARYLAND 21215-0020	
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	THE DESCRIPTION PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may	men men and a second to the form of the standard for the description and accomplished in he standard discovery
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examiner must be notified at once.	After his buttness beet styling by the actioning property man of the property man of the property of the prope
death. Page 6 may be retained by the hospital or attending physician.	THE DING PHYSICIAN: The law requires that the death certificate be executed within thousand after death. Page 6 may be retained by the hospital or attending physician.
BALLIMORE, MARYLAND 21215-0020	SION OF VITAL RECORDS, P.O. BOX 68/60.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00479

	REGISTRAR			CERTIFIC	CATE OF L	DEATH	_	REG. NO.		
1. DE	CATILETA	Middle, Last)	McC	DAU			2. DATE O	F DEATH DAY	LYEAR	3. TIME OF DEATH
4. 80	OCIAL SECURITY NUMB	ER	5. SEX 8. AGE			IF UNDER 24 HRS.	7. DATE OF	Day, Year)	Cou	
20.5	ACILITY NAME (If not ins		**	71 YRS.				6-1923		ORGIA
		VERSIT			BAT TT	MORE CI		9c. C	OUNTY OF	DEATH
)	SIDENCE OF DEC		1 HODITIAL		DALIT	IONE OI				
10a. S	STATE	10b. COUNTY		10c. CITY,	TOWN OR LOCATIO					10d. INSIDE CITY LIMITS?
2	MD.				BALTI	MORE CI	TY			1 1 YES 2   NO
5	STREET AND NUMBER					IP CODE		10g. (	STIZEN OF	WHAT COUNTRY?
81	8 HARLEM A	VENUE				21201			USA	
10	Never Married 2  Wildowed 4 Divor		12. WAS DECEDENT EVER FORCES? 1 YES IF YES, OIVE WAR OR I	2 NO	If yes, speci	IDENT OF HISPA Ity Cuban, Mexic NO Speci	an, Puerto Ric	(Specify Yes or No- can, atc.)	Ble	CE — American Indian, lick, Whita, atc.
	15. DECI (Specify only lementary/Secondary (0-	DENT'S EDUC highest grade o	ATION completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	k done during most	at working	16b. I	CIND OF BUSINESS	INDUSTRY	
				FACTOR	Y WORKE	R				FULL
17. FA	ATHER'S NAME (First, Mi	ddle, Last)				6. MOTHER'S NA	AME (First, Mi	ddle, Maiden Sumam	)	
u L		IDSAY	HARDWICK			ELLA	HAR	DWICK		
194. 1	INFORMANT'S NAME (7)	rpe/Print)						r, City or Town, State,		
	BONITA	WATT					ET, BA	LTIMORE,		
	METHOD OF DISPOSITI		val from Stata 20	b. PLACE AND DATE OF metery, crematory or other	DISPOSITION (Name	ool	OATE	20c. LOCATION	City or	Town, State
4 🗆	Donation 5 Other	(Specify)	V	OSHELL ME	MORIAL G	ARDENS ADDRESS OF F		BALTIM	ORE,	MARYLAND
		5200	omplications that cause		JOSEPH	H. BRO	OWN JR	. FUNERA	TIMO	
If ar caus	quentially list condition, leading to immediate. See Enter UNDERLY!! See Initiation of the control of the contr	diate NG Ty c		A CONSEQUENCE OF:  A CONSEQUENCE OF:						
		-	contributing to death	but not reaulting in	the underlying	ceuse given ir	Part i.	24a. WAS AN AUTOP	SY 2	4b. WERE AUTOPSY FINDI
MEDICAL —								PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
25. W	MAS CASE REFERRED TO	MEDICAL			28. Pl Ar	CE OF DEATH (C	heck only one	1		
) E	EXAMINER?		HOSPITAL:		OTHER:					
- 1	IANNER OF DEATH		28a. DATE OF INJURY	28b. TIME	OF 28c. INJUE	TA Y		RIBE HOW INJURY	OCCURED	
1		Pending rivestigation	(Month, Day, Year)	INJU	TY WORK	C? S 2 NO	1			
3	Suicide 6	Could not be letermined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, term, str	set, factory, office		28f. LOCAT	TtON (Street and Nun Town, State)	ber or Run	of Route Number,
29a.			IAN: To the best of my kno							o(a) and menner as state
29b,	SIGNATURE AND TITLE	OF CERTIFIER	1. /	1/11		19c. LICENSE NU	мвел	29d. 1	DATE SIGN	ED (Month, Day, Year)
	Timbert	1/1	Coloner	115	>			<b>&gt;</b>	1.6.	94
30. 14	AME ANO ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF D					- /		
1/2	SAMET (	). MAI	16new	2/2 50	Gree	u St	-			
31. 0	ATE FILED (Month, Day,	Year)	32. RESIDENAL BUILD	NETURE-						
31. 0	TIAN 129	994	A DESCRIPTION OF STREET	Tonigalia.						

B.K.S

Item1,g-707,1-12-94,dr

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00480 94

	* REGISTRAR		CERTIFI	CATE O	- DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last) PAUL	Micha	al isks			2. DATE OF DEATH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Tare In	OLIONO				/	21 0010 11 #
	219-40-7532	5. SEX 8. A	GE (In yrs. last birthday) 52 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1941	8. BIRTHPLACE (State or Foreign Country)  Maryland
	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN	OR LOCATION OF D			UNTY OF DEATH
DIRECTOR	FRANCES SCOTT	KEY MEDIO	CAL CT.	BALTI	MORE CI	TY_		
E E	10a. STATE 10b. COUNT	1	10c. CITY	TOWN OR LOC	ATION			10d, INSIDE CITY
	Pa.		All the second s	w Fre				LIMITS?
A I	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. Cl	TIZEN OF WHAT COUNTRY?
FUNERAL	Stone Ridge				17349		Uni	ted States
5	11. MARITAL STATUS  1 Never Married Married	12. WAS DECEDENT EVE FORCES? 1 -Y				NIC ORIGIN? (Specify 1 an, Puarto Rican, atc.)	es or No-	14. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		S 2 NO Speci			Specify: White
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S L	USUAL OCCUPAT		16b. KIND OF E	USINESS/IN	IDUSTRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	roat or working	Doth!	- 1	Chool
COMPLETED		1	Forema	an				Steel
	17. FATHER'S NAME (First, Middle, Last)	Mia	halisko		18. MOTHER'S NA	AME (First, Middle, Maid		lanica
8	William  19a. INFORMANT'S NAME (Type/Print)	MIC.			-			
2		Michalisk			e Dr. 6	New Fre		
	20a. METHOD OF DISPOSITION	TETTATION	20b. PLACE AND DATE O			11011 110		- Cify or Town, Stata
	XXBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetary, cremetory or oth	har niacel	Lawn	1		nore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-1	22. NAME	AND ADDRESS OF FA	Choin T	aki	F.H. P.A.
	* Mark	A. (hos	noche					o., Md.21224
NOI	23. PART I. Erker the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. DUE TO (OR /	erosclerofic as a consequence of	Caro				interval Between
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e	AS A CONSEQUENCE OF	):				
AL	PART II. Other significant condition	a contributing to deet	th but not resulting in	n the underlyi	ng ceuse given in	Pert I. 24a. WAS /	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL						1 VES		COMPLETION OF CAUSE OF DEATH?
¥						_   ' `		1 X YES 2 - NO
z I								
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C/	neck only one)		
S	XXYES 2 □ NO	1 ☐ Inpatient 2 X ER/	Outpatient 3 DOA		me 5 🗆 Residenca	6 ☐ Other (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME INJU	JRY W	IJURY AT PORK? YES 2 NO	26d. DESCRIBE HOV	INJURY O	CURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJ building, etc. (	URY — At home, ferm, st Specify)	treet, fectory, off	Ice	281. LOCATION (Stree City or Town, Ste	t and Numbe	er or Rural Aoute Number,
COMPLETED		CIAN: To the best of my k						ated. tha ceuse(a) and manner as stated.
TO BE	296, SIGNATURE AND TITLE OF CERTIFIES	ballent.	M		O . C . M .		29d. DA	TE SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)				
			111 Penn	Stree	et, Balt	imore,	Marv	land 21201
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S S	IGNATURE					
	JAN 12 1994	fall times	- Robert					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the foath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	IL OR WITENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. P	HECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
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	1. DECEDENT'S NAME (F	Street Address Land	ei		-		F DEATH	1	REG. NO	-	-	
	the state of the s	HER	M		MCDO	NOUGH	JR.		ANUARY 1	<b>õ</b> , 19	YEAR 94	3. TIME OF DEATH
	4. SOCIAL SECURITY NU	JMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEAR		8. 7	7. DATE OF BIRTH	, 13		IPLACE (State or Foreign
	215-32-4610	0	1 🕅 M 2 🗆 F	59	YRS.	MONTHS DAYS	HOURS MIN	1	(Month, Day, Year) May 2, 19	34		ryland
	9a. FACILITY NAME (# no	-					OR LOCATION O	DEAT		9c. COUN	NTY OF D	
DIRECTOR	THE JOHNS		NS HUSPII	AL		BALIII	MORE CIT	Υ		Bal	ltimo	ore City
ZEC.	10a. STATE	10b. COUN	ITY		10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
ā	Maryland	Car	rroll			Mt. Ai	ry					1 TES 2 NO
5	10e. STREET AND NUMB		,				101. ZIP CODE					WHAT COUNTRY?
	408 Prospe	ect Koa	_	WT FWFD IN 1.0 A	-	10 100 0	21771				J.S.	
BY FUNERAL	1 Never Married 2 3 Widowed 4 🖾 D	_	FORCES?	NT EVER IN U.S. A 1-12 YES 2 D WAR OR DATES - 62	NO NO	If yes,	13. WAS DECENDENT OF HISPANIC ORIG If yes, specify Cuben, Maxican, Puerto 1  YES 2 NO Specify:			ORIGIN? (Specify Yes or No— Puerto Rican, etc.)  14. RACI Blaci Specific Specific Sp		
ETED	15. D (Specify	DECEDENT'S ED	DUCATION de completed)			USUAL OCCUPA		_	16b. KIND OF BUS	SINESS/IND	USTRY	
E	Elementary/Secondary		College (1-4 or 5	+)	le. Do NOT use	e retired.)						
COMPL	10 Th			Ca	arpent	er		_	M.A. Bo		vann:	1
	Luthe	2011-1-11	arshall	McDonou	igh. S	ir.			E(First, Middle, Maiden Ethel Li		~11m	
BE	19a. INFORMANT'S NAME		21011011						ute Number, City or Tow			
5	Mr. Kenneth	h McDor	nough	1	l Bake	r Stre	et Mt.	Ai	ry, MD 2	1771		
	20a. METHOD OF DISPOS 1 🖾 Burlel 2 🗆 Cremi 4 🗆 Donation 6 🗆 Ott	ation 3 🗆 Re	moval from Stata	20b. PLACE cemetery, co	eand dateo	her place)  Cemet	Name of		1	CATION —		wn, State Maryland
	21. SIGNATURE OF FUNE	HAL SERVICE	LICENSEE			22. NAME	AND ADDRESS OF					2178
-	> Sleps	Kerth	yen,	Kin	, ,	Burr 1212	ier-Que	en i	Funeral D Liberty R	load V	Jinf:	, P.A. ield, MD
	23. PART I. Enter the ehock, or iMMEDIATE CAUSE (disease or condition resulting in death)	r heart fallure (Finel	e. List only one ce	st caused the duse on each lin	fi	Burr 1212 of anter the r	ier-Que	en i	Funeral D Liberty R	load V	Jinf:	, P.A.
ATION	ehock, or immediate cause (disease or condition resulting in death)  Sequentially list confif eny, leading to immediate causes.	r heart failure (Finel	e. Public To	MONGLA	OUENCE OF	Burr 1212 ot enter the r	ier-Quee West O	en i	Funeral D Liberty R	load V	Jinf:	ield, MD Approximate Interval Betwee Onset and Dea
RTIFICATION	immediate Cause ( disease or condition resulting in death)  Sequentially list con-	r heart failure (Finel	e. Due To	MONST MONST	OUENCE OF	Burr 1212 ot enter the r	ier-Quee West O	en i	Funeral D Liberty R	load V	Jinf:	ield, MD Approximate Interval Betwee Onset and Dea
ICAL CERTIFICATION	ehock, of IMMEDIATE CAUSE ( disease or condition resulting in death)  Sequentially fist confi eny, leeding to improve the cause. Enter UNDERI CAUSE (Disease or in that initiated events	(Finel	b. DUE TO	MONRY MONRY OF OR AS A CONSI	EQUENCE OF	Burr 1212 ot enter the r	ier-Quec West On node of dying,	en i	Funeral D Liberty R ee cardlec or reep	lautopsy	Winf reet,	Approximate interval Betwee Onset and Des On
: MEDICAL	immediate Cause ( disease or condition resulting in death)  Sequentially list con- if any, leading to immage the cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in death) L.	(Finel	b. DUE TO	MONRY MONRY OF OR AS A CONSI	EQUENCE OF	Burr 1212 ot enter the r	ier-Quec West On node of dying,	en i	Funeral D Liberty R	lautopsy	Winf reet,	AMILABLE PRIOR TO
AN: MEDICAL	ehock, of iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list confif eny, leeding to immoduse. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other signif	r heart failure (Fine)  Additions, mediate BLYING injury AST	b. DUE TO  d. DUE TO	MONRY MONRY OF OR AS A CONSI	EQUENCE OF	Burr 1212 ot enter the r	ier-Quec West On node of dying,	in Pa	Funeral D Liberty R ee cardlec or reep  art I. 24a. WAS AN PERFOR	lautopsy	Winf reet,	APPROXIMATE INTERVAL BETWEEN ORSET AND DESCRIPTION OF CAUSE OF DEATH?
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Michael Weiner, Johns Hopkins Hosp., Tower 110, 600 N. Welfe St

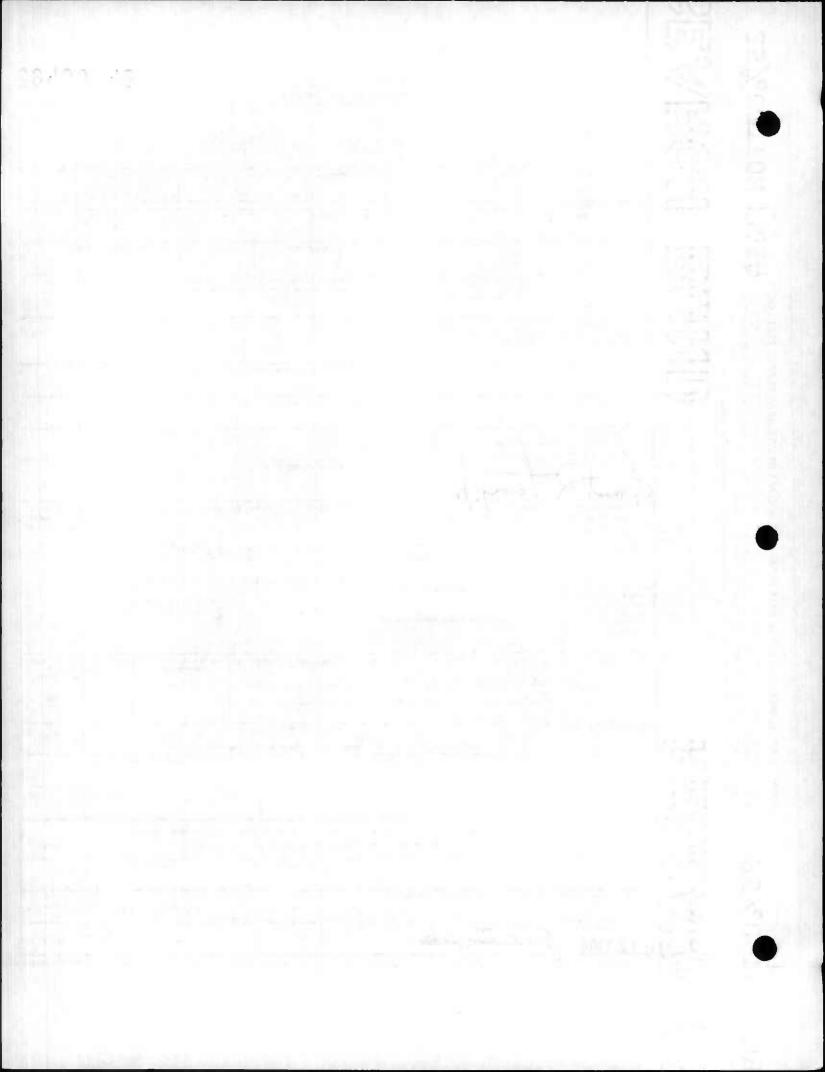
1		STATE REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

											DEATH			
i i	1. DECEDENT'S NAME (First, Middle, Last)  Fdd18 1. Mellerson							2. DATE OF DEATH MONTH DAY YEAR 21404						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.						24 MRS	01 04 77		PLACE (State or Folia)				
63					YRS.	MONTHS	DAYS	HOURS	MIN.	MIN. (Month, Day, Year)		40	Country	y)
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Œ	Northwest Hospital Ctr Kandallstown Great Section and number Sec. Country of DEATH Randallstown Baltim								Hmor-					
6	RESIDENCE OF DECEDENT													
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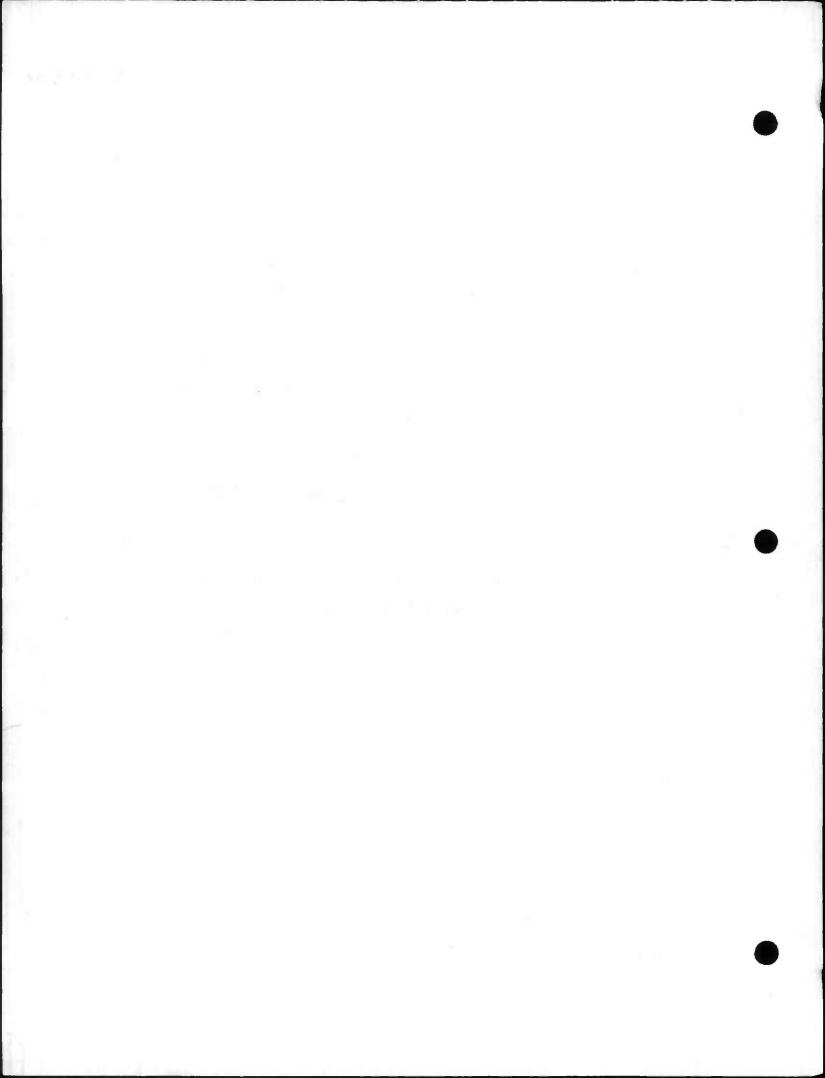
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	
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STATE OF MARYLAND / DEPARTMENT		HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

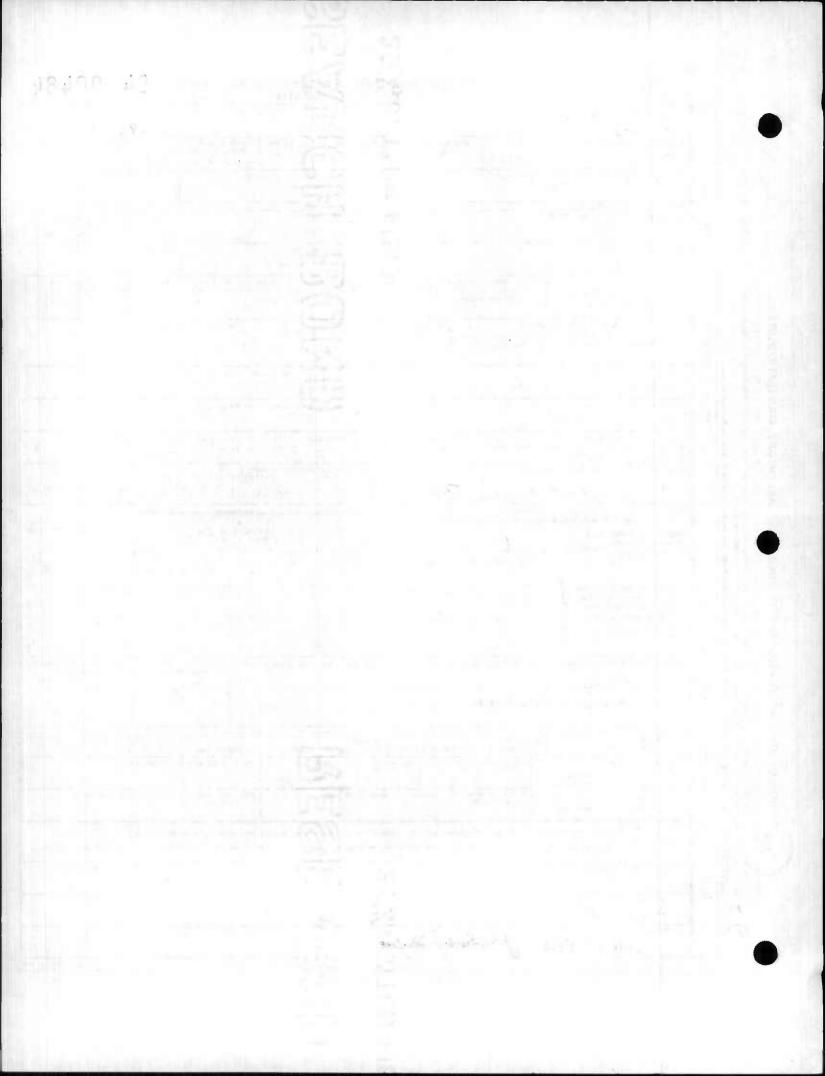
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			REG. NO.	91	+ 0048	
	1. DECEDENT'S NAME (First, Middle, Lest) HERBERT H	MONRO	)E			DATE OF DEATH DAY	YEAR 1994	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER  239-58-1175  9e. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (1	64 YRS.	F UNDER I YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year) Dec 25 19	6. BIRT	th Carolina	
TOR	Liberty Medical C			Baltim			se, COUNTY OF	DEATH	
DIRECTOR	10e. STATE 10b. COUNT Maryland	1		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	106. STREET AND NUMBER 2321 Windsor Aven	10		Y	21216		10g. CITIZEN OF	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (X YES IF YES, GIVE WAR OR DAY KOrean War	2 NO	II yes, sp		ORIGIN? (Specify Yee or Puerto Ricen, etc.)	r No 14, RAG	CE — American Indian, ck, White, etc. city:	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	life. Do NOT use	ork done during mo retired.)	ON pst of working	16b. KIND OF BUSIN		Bl.ack	
	High School.  17. FATHER'S NAME (First, Middle, Lest)		La	borer		Balto Ci (First, Middle, Melden Su		er Works De	
TO BE	Homer Monroe  190. INFORMANT'S NAME (Type/Print)  Florence Monroe					te Number, City or Town,		216	
	Florence Monroe  20a. METHOD OF DISPOSITION 1.X. Burlel 2 Cremetton 3 Rem 4 Donatton 5 Other (Specify)	oval from State com	PLACE AND DATE OF	or place!	ame of	Baltimore,  OATE 20c LOCA  1/10 Owin	TION - City or 1		
CVGIIII CO	21. SIGNATURE OF FUNERAL SERVICE LIKE		veceran	22. NAME A	ND AOORESS OF FACIL	" Nutter I ls Parkway 21216	Funeral	Homes, Inc	
CERTIFICATION	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  Last only one cause on ach line.  Interval Batween Onsat and Death  Onsat and Death  Onsat and Death  Onsat and Death  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificent condition	a contributing to deeth b	ut not reculting in	the underlyin	g cause given in Pa	rt i. 24a. WAS AN AN PERFORM. 1 YES 2	ED?	Ib. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 Input lent 2 Reployed at 1 Norman 1 Norman 2 Reployed at 1 Norman 2 Norman 3 DOA 4 Norman 2 Norman 3 DOA 4 NORMAN 3 DOA 4 NORMAN								
BY PHY	27. MANNED OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	YES 2 NO	Bd. DESCRIBE HOW INJ	JURY OCCURED		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, ferm, street, lectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
TO BE COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WA	Klican A	10	Dainel	29c. LICENSE NUMBI	391	▶ / - 7	(Month, Day, Year)	
	31. DATE FILEO (Month, Day, Year)	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Bongt)  N. KHAN 5601-Loch Raven Blvd, Bullimone Me 21239  31. DATE FILEO (Morath, Day, Year) 4 32. REGISTMAN'S SIGNATURE							
	JAN 1 2 1994	Jul Sinden Ry							



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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

	1. DECEDENT'S NAME (First, Middle, Last)  Tamas Morris  2. DATE OF DEATH MONTH Tamasy							S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218 64 0620	1 🔀 M 2 🗆 F	6. AGE (In yrs. lest birth	MONTHS			BIRTH ay, Year)	BIRTHPLACE (State or Foreign Country)     Md .
ECTOR	98. FACILITY NAME (If not institution, give street and number) Sinai Hospital Baltimore  RESIDENCE OF DECEDENT							NTY OF DEATH
DIR	Md .	Balt.	imore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	10s. STREET AND NUMBER  6600 Vincent  11. MARITAL STATUS	EVER IN U.S. ARMED	13. W	101. ZIP CODE  2121  WAS DECENDENT OF HI			USA  14. RACE — American Indian, Black, White, etc.	
ВУ	1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	IF YES, GIVE W		1	yes, specify Cuban, M  ☐ YES 2 NO S	Specify:		Specify: Black
COMPLETED	1s. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		(Give kind of work done during most of working			ood	DUSTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last)  James Ja	ckson			18. MOTHER	s NAME (First, Mide stance	de, Maiden Sumame) Lee Mor:	ris
TO B	19a. INFORMANT'S NAME (Type/Print) YVONNE MORY	is			(Street and Number or F			
	20s, METHOD OF DISPOSITION 2. S Burlel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)		20b. PLACE AND D cometery, cremetor King	or other place   lemori	al Park	1/15	Balte	City or Town, Stata
	21. SIONATURE OF FUNERAL SERVICE	a.Me	aton	Ja. 17	mes A, M	forton ens St.	& Sons Balto.	, Md. 21217
7	23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)		ceused the death.					
CERTIFICATION	Sequentially flet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUENC					
MEDICAL	PART II. Other algoriticant condition A LDS Rena L	Fai Luy		ing in the und	derlying cause give		PERFORMED?  YES 2 HO	24b. WERE AUTOPSY FINDIN AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	ER/Outpatient 3 🗆 D	OTHER	26. PLACE OF DEAT		loecify)	
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending investigation	26a. DATE OF (Month, Da			26c. INJURY AT WORK?	26d. DESCR	IIBE HOW INJURY OC	CCURED
ED	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF building, o	FINJURY — At home, fortc. (Specify)	erm, atreet, facto	ory, office		ON (Street and Numbe Town, State)	r or Rural Route Number,
COMPLET	Accel Company	SICIAN: To the best of ax						nted. ha cause(s) and manner as stated
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIF	m	House		29c. LICENSI	E NUMBER	29d. DAT	TE SIGNEO (Morith, Day, Year)
_	ACL NI	AK -	Sinai	(Type, Print) Hospi	tal o	of Bo	Ltime	ore
	JAN 1 2 190		R'S SIGNATURE	dett.				



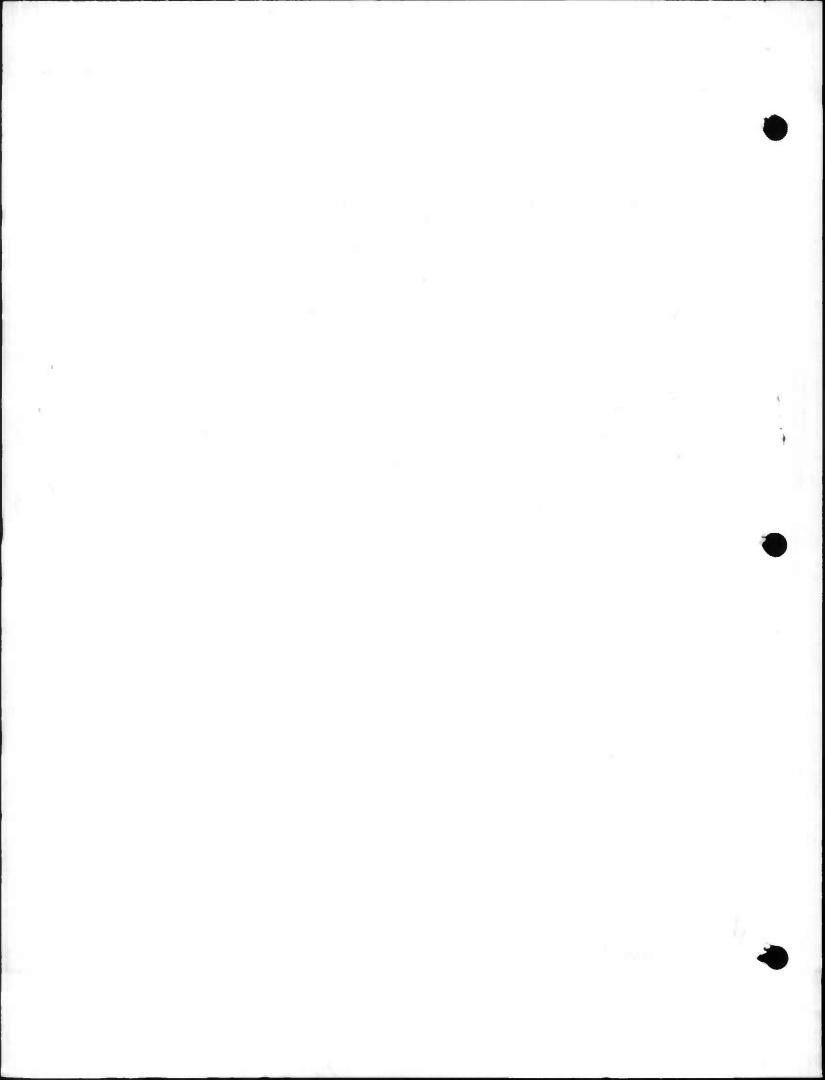
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 94 00485

	1. DECEDENT'S NAME (First, Middle, Less										
	1. DECEDENT'S NAME (First, Middle, Last) SANDRA MOSSHOLDER  2. DATE OF DEATH JANUARY 6,							1994	3. TIME OF DEAT		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH		THPLACE (State or Fo
	290-56-1936	1 🗆 M 2 💢 F	24	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, 10~	Day, Year) 7-1969	Con	Maryland
Œ	98. FACILITY NAME (If not institution, given THE JOHNS		INCDITAL				T MODE			9c. COUNTY OF	F DEATH
5	RESIDENCE OF DECEDENT	HOLVINO H	IN 1 1 AC	-		DALI	IMORE C	TIA			
DIRECTOR	10e. STATE 10b. COUN			10c. CIT	Y, TOWN OF	LOCATI					10d. INSIDE CITY
	Maryland	Balt	imore			_		indalk			1 TYES 2
FUNERAL	10s. STREET AND NUMBER					101. ZIP CODE					F WHAT COUNTRY?
NE.	2601 Gray Mano	1 1 EVIACE	T EVER IN II S. AI	RMED	12 W	AS DECE	212 ENDENT OF HISPA		(Specify Ver -		ted State
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 1	Ĭμο	H.	yes, spe	cify Cuben, Mexic	an, Puerto A	loan, atc.)	Bi	lack, White, etc. pecify: White
ETED	15. DECEDENT'S ED (Specify only highest gra		15a. D	ECEDENT'S	USUAL OCI work done du se retired.)	CUPATION	N t of working	16b.	KIND OF BUSIN	NESS/INDUSTRY	1
Ä	Elementary/Secondary (0-12)	College (1-4 or 5 +	-) ///			3			01	. 0	
COMPL	11th Grade  17. FATHER'S NAME (First, Middle, Last)			cas	hier		18. MOTHER'S NA	ME /Elmt M	Channe		
	James Mosshola	don					Betty R		round, mercent St	ser (dilire)	
) BE	19a. INFORMANT'S NAME (Type/Print)	n C	16	9b. MAILING	ADDRESS	(Street an	d Number or Rural		er, City or Town,	State, Zip Code)	
5	Betty Jakubowsk	ki		347	0 Dun	have	en Road	Duna	lalk. M	larylan	d 21222
	20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Re	movel from State		ANDDATE	OF DISPOSIT	TION (Nen	na of	DATE	20c. LOCA	ATION — City or	Town, State
	4 Donation 5 Qther (Specify)		Sacre	ed Ht		Jesu			Bal	timore	. Marylar
	21. SIGNATURE OF PRHERAL SERVICE	LICENSEE	0		22. N	uda-	Ruch Fu	neral	Home	of Dun	dalk, Inc
	et Regar	2.10	Low	_							land 212
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Heine	OR AS A CONSE	10.		ins mod	le of dying, suc	ch se cerd	ec or respira	ntory srrest,	interval E
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO DUE TO	ation	EQUENCE O	PF):	ins moo	e or dying, suc	ch as card	sc or respira	atory srrest,	interval E
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO DUE TO	(OR AS A CONSE	EQUENCE O	PF):	ins mod	e or dying, suc	ch as card	ec or respira	atory srrest,	interval E
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO DUE TO DUE TO	(OR AS A CONSE	EQUENCE O	PF): / /- /F):				24a. WAS AN AI	UTOPSY 2	Interval E Onset on 24 9
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  DUE TO  DUE TO  ONE CONTRIBUTING TO	(OR AS A CONSE	EQUENCE O	PF):  PF):  In the und					UTOPSY 4ED?	Interval E Onset and 24 Autopay P AMALABLE PRIOR COMPLETION OF
EDICAL	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.	DUE TO  DUE TO  DUE TO  ONE CONTRIBUTING TO	(OR AS A CONSE	EQUENCE O	PF):  PF):  In the und				24a. WAS AN AI PERFORM	UTOPSY 4ED?	Interval E Onset an 24 March 2
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of the conditions of the cause o	DUE TO DUE TO DUE TO One contributing to	(OR AS A CONSE	EQUENCE O	in the und	derlying			24a. WAS AN AI PERFORM	UTOPSY 4ED?	Interval E Onset an  2 4 5 6 6 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	DUE TO DUE TO DUE TO Ons contributing to A A I  HOSPITAL:	(OR AS A CONSE	EQUENCE O	in the und	deriying		Part I.	24a. WAS AN AI PERFORM 1 YES 2 (	UTOPSY 4ED?	Interval E Onset an 24 March 2
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the cause of the conditions of the cause o	DUE TO DU	(OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  OR AS A CONSE  DEPLOYMENT OF THE CONSE  CONSE	EQUENCE O	In the und	28. PLJ	Cause given in	Part I.	24e. WAS AN AI PERFORM 1 YES 2 (() () () () () () ()	UTOPSY IED?	24b, WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition	DUE TO  DUE TO	(OR AS A CONSE	EQUENCE O	In the und	28. PLU:	Cause given in	Part I.	24e. WAS AN AI PERFORM 1 YES 2 (() () () () () () ()	UTOPSY 4ED?	24b, WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	DUE TO DU	(OR AS A CONSE  (OR AS A CONSE	EQUENCE O  FOURIER OF THE STATE	In the und	28. PLU: Ing Home 28c. INJU WOF 1  Y	Csuse given in  ACE OF DEATH (C)  5	Part I.  beck only one  G Other  28d, DES	24e. WAS AN AI PERFORM 1 YES 2 (() () (Specify) CRIBE HOW INJ	JURY OCCURED	24b, WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause o	DUE TO DU	(OR AS A CONSE	EQUENCE O  FOURIER OF THE STATE	In the und	28. PLU: Ing Home 28c. INJU WOF 1  Y	Csuse given in  ACE OF DEATH (C)  5	Part I.  beck only one  G Other  28d, DES	24a. WAS AN AI PERFORM 1 YES 2 (() (Specify) (CRIBE HOW INJ	JURY OCCURED	24b. WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF DEATH?  1 YES 2
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	DUE TO DU	(OR AS A CONSE  (OR AS A CONSE	EQUENCE O  EQUENCE O  resulting  John Cl.  John Charles  J	In the und  OTHER 4 Nursi ME Street, factored at the tin	28. PLJ: ing Home 28c. Wolf Wory, office	Cause given in  ACE OF DEATH (C)  5 G Residence  1847  ES 2 NO	Part I.  6 Other  28d. DESt  28f. LOCA City of	24e. WAS AN AI PERFORM 1 YES 2 (() (Specify) CRIBE HOW INJ	JURY OCCURED  Id Number or Rui  Ier as stated.	24b, WERE AUTOPSY I AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	DUE TO DU	(OR AS A CONSE  (OR AS A CONSE	EQUENCE O  EQUENCE O  resulting  John Cl.  John Charles  J	In the und  OTHER 4 Nursi ME Street, factored at the tin	28. PLJ: ing Home 28c. Wolf Wory, office	Cause given in  ACE OF DEATH (C)  5 G Residence  1847  ES 2 NO	Part I.  6 Other 28d. DES: 28f. LOCA City of	24a. WAS AN AI PERFORM 1 YES 2 (() (Specify) CRIBE HOW INJ	JURY OCCURED  and Number or Ruit  ter as stated.  due to the cause	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 VES 2
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the conditions of the camera of the cam	DUE TO DU	(OR AS A CONSE  (OR AS A CONSE	EQUENCE O  EQUENCE O  resulting  John Cl.  John Charles  J	In the und  OTHER 4 Nursi ME Street, factored at the tin	28. PLJ: ing Home 28c. Wolf Wory, office	Csuse given in  ACE OF DEATH (C)  5	Part I.  6 Other 28d. DES: 28f. LOCA City of	24a. WAS AN AI PERFORM 1 YES 2 (() (Specify) CRIBE HOW INJ	JURY OCCURED  and Number or Ruit  ter as stated.  due to the cause	1 VES 2
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the conditions of the camera of the cam	DUE TO DU	(OR AS A CONSE  (OR AS A CONSE	EQUENCE O  EQUENCE O  resulting  Company  Doan  20b. Till  IN  nome, farm,	In the und  OTHER  ALOF JURY  Street, fectored at the tin on, in my op	28. PLJ: ing Home 28c. Wolf Wory, office	Csuse given in  ACE OF DEATH (C)  5	Part I.  6 Other 28d. DES: 28f. LOCA City o	24e. WAS AN AI PERFORM  1 YES 2 (() () (Specify) CRIBE HOW INJ ATTON (Street and or Town, State)  se(a) and manneard place, and	JURY OCCURED  JURY OCCURED  Id Number or Run  Idea to the cause  29d. DATE SIGN	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 VES 2
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause of the conditions of the conditions of the cause of the c	DUE TO DU	(OR AS A CONSE  (OR AS A CONSE	EQUENCE O  EQUENCE O  resulting  Company  Doan  20b. Till  IN  nome, farm,	In the und  OTHER  ALOF JURY  Street, fectored at the tin on, in my op	28. PLJ: ing Home 28c. Wolf Wory, office	CSUSE GIVEN IN  ACE OF DEATH (C)  5	Part I.  6 Other 28d. DES: 28f. LOCA City o	24a. WAS AN AI PERFORM 1 YES 2 (() (Specify) CRIBE HOW INJ	JURY OCCURED  JURY OCCURED  Id Number or Run  Idea to the cause  29d. DATE SIGN	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 VES 2

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	94
DECEDENT'S NAME (First, Middle, Last)  EMMA	MARSHALL	2. DATE OF DEATH MONTH DAY JANUARY, D8	1994

		1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL	HYGIEN REG. NO.	E	4 00400
		1. DECEDENT'S NAME (First, Middle, Last)  EMMA	MARSHALL			MONTH	F DEATH DA	8,199	3. TIME OF DEATH 4 12-50 A.M.M
p		215 05 242401	SEX 6. AGE (in yrs. last birthday)  M 2 F 8 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	-	F BIRTH Day, Year)	2	BIRTHPLACE (State or Foreign Country)
2, 3 should	FOR	98. FACILITY NAME (If not institution, give street	and number)	96. CITY, TOWN OF	TO "	,		9c. COUNTY	OF DEATH
permit. Pages 1,	UNERAL DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN OR LOCATI	ION				10d. INSIDE CITY LIMITS? YES 2 NO
nsit .		10a STREET AND NUMBER 1210 BONAPI	. / -	10f.	ZIP CODE 2/2/8				OF WNAT COUNTRY?
215-0020 attending physician. ise as the burial-transit	BY FUN		. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES	13. WAS DECE If yes, spe 1  YES	ENDENT OF HISPAN ocity Cuban, Mexica 2 NO Specify	n, Puerto Ri	(Specify Yea can, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify:
T. 8 2	ETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C		USUAL OCCUPATION vork done during moster retired.)	N it of working	16b.	KIND OF BUS	INESS/INDUS	DLACK
ND hospitz ached	COMPL	17. FATNER'S NAME (First, Middle, Last)	Ho	UJRWI					· ·
3 & & Z	ш		HARRIS		MARY				4
E, MARY y be retained by sage 5 should b	TO B		196. MAJLING 12/0	BON 7	nd Number or Aural A	AV E	r, driý or Town	n, State, Zip Co.	or Jown, State
ALTIMORE, leath. Page 6 may be funeral director, page		20s. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Ramoval  4 Donation 5 Other (Specify)	from State 20b. PLACE AND DATE Of Competery, cremetory or pt	ther place)	me of	OATE	20c. LO	P. COL	or Iown, State
BALTIMOR er death. Page 6 ma the funeral director, p val.		21. SIGNATURE OF FUNERAL SERVICE LICENS	EE P. A.	22. NAME ANI	D ADDRESS OF FA				is oto
	_	23. PART I: Enter the diseasea, or com	plications that caused the death. Do n		le of duling such		-	-	Approximate
y filled in ation, or re		Shock, or heart failure. List	only one cause on each line.  ASPIRATION P				ao	atory arrest	Interval Between Onset and Death
68760, ecuted within nd completely burial, cremal	_		DUE TO (OR AS A CONSEQUENCE OF NAGOGASTRIC TO	ີງ:		6			
OX 68 e be execut siclan and c infor to burit traumatic	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF DEM ENTIA	7:		_/			
P.O. B th certificat ending phy I Hygiene p or other	ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	F):					
RDS, at the dea by the att and Menta y injury,	AL CI	PART II. Other significent conditions co	ontributing to death but not resulting i	n the underlying	cause given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
signed Health	MEDIC					-	1   YES 2		COMPLETION OF CAUSE DF DEATH?
23 bept 23	AN: N	At 100 0107 PERFECT TO 100 100 100 100 100 100 100 100 100 10							, , , , , , , , , , , , , , , , , , , ,
VITA VITA SIAN: The	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO	OSPITAL:	OTHER: 4 Nursing Home	S Residence			····	
NG PHYSICI fer this cer eath with th	H.	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	E OF 28c. INJU	IRY AT			JURY OCCUR	ED
TAION OF VITA TENDING PHYSICIAN: The OR: After this certificate h fer death with the State I	ED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — At home, farm, a building, stc. (Specify)		ES 2 NO		TION (Street a Town, State)	nd Number or F	Route Number,
17 72 FE FE FE FE FE FE FE FE FE FE FE FE FE	COMPLET		t: To the best of my knowledge, death occurre						
TO THE HE FUNE TO THE FUNE BE filed within	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	n the basis of examination and/or investigation	_	29c. LICENSE NUM		nd place, and		GNED (Month, Day, Year)
TO THE De filed	TO B	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27) (Figure	Print)				JANI	VARY, 08, 1984
11		SHALINI MAHAJ	AN, M.D. G00D	SAMARI	TAN HE	38171	12,13	ALTIM	MERE, MD
		31. DATE FILED (Month, Day, Year) 1 A N 1 2 1994	32. REGISTAR'S SIGNATURE						



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely
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requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should of Health and Mental Hygiene prior to bunial, cremation, or removal.	the same full car asher bearings assessed the model assessment has madelled at any
e be executed wit	sician and comple	Samuel of the same
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19	1. DECEDENT'S NAME (First, Middle, Last	0.	CERTIFIC				REG. NO.			. TIME OF DEATH
4	RICHARD L.		RICH			O.7	TH DAY		PEAR	9:45
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			LACE (State or Fore
	212-22-7604	1 ★ M 2 □ F	67 YRS.	IONTHS DAYS	HOURS MIN.		t. 27,19	926		land
_	9a. FACILITY NAME (If not institution, give	s street and number)	1	9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT	Y OF DEA	ATH
CTOR	G.B.M.C.			Towson	n			Balt	imor	ce
L L	10e. STATE 10b. COUN	YTY	10c. CITY,	TOWN OR LOCAT	TION				1	IOd. INSIDE CITY
DIRE	Maryland Ba	altimore	La	thervi	116				1	LIMITS?
	100. STREET AND NUMBER	TT CIMOL C			f. ZIP CODE			10g. CITIZE		AT COUNTRY?
FUNERAL	148 Westbury Roa	ad			21093			U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPA					- American Indian White, etc.
BY	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 VES			3 2 XNO Speci		Mean, etc.,		Specify:	
ا د	15. DECEDENT'S EC	WW.	16a. DECEDENT'S US	CIAL OCCUPATION	0.1	100	WWW OF BUILD	-	hite	9
ETE	(Specify only highest gra	rde completed)		rk done during mo		166	. KIND OF BUS	INESS/INDUS	STRY	
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	Self Emp			I	Hydraul	lic Bu	sine	255
COMPL	17. FATHER'S NAME (First, Middle, Last)			2010	18. MOTNER'S NA					
	Randolph	Mohlher	nrich		Mary		Lenne			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	and Number or Rural	Route Num	ber, City or Town	, State, Zip Co	ode)	
=	Mrs. Carol D. Mc	hlhenrich	same	e as #10	0a - #10	f				
	20a. METNOD OF DISPOSITION  1 S Burlel 2 Cremation 3 Re		06. PLACE AND DATE OF		eme of	DAT	E 20c. LOC	CATION — CIT	y or Tow	n, State
	4 Donation 5 Other (Specify)	// Di	emetery, cremetory or other ulaney Val	Lley Mer	m.Gdns.1	/13/9	94 Time	onium,	Balt	co. Md.
	21. SIGNATURE OF FUNDRAL SERVICE	GICENSÉE		22. NAME A	ND ADDRESS OF FA	ACILITY				
	1 Con/1/			Ruck Towson Funeral Home, Inc.						
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximete							T		
	23. PART i. Enter the diseasea, D	r comp∜cetions that cause	ed the death. Do no	1050	York Rd.	Tows	son, Ma	arylan	id 2]	L204 Approximet
	ahock, or haart fallure	r comp∛cetiona that cause e. List only ona cause on	ed the death. Do no each line.	1050 t antar the mo	York Rd.	Tows	son, Ma	arylan	id 2]	Approximet interval Bet
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		it permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	may be retained by the hospital or attending physician	tor, page 5 should be detached for use as the burial-tra	ust be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMO	law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	and the FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REC	THE EMPRITAL OR ATTENDING PHYSICIAN; The law require	THE FRAL DIRECTOR: After this certificate has been since filed within 72 hours after death with the State Dept. of He	IMPORTANT: If item 28 is marked, or item 23 show.

1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	9	4 00488
1. DECEDENT'S NAME (First, Middle, Last)	200		Nash	2. DATE OF DEATH DAY	9 4	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/503 0747 9e. FACILITY, NAME (If not institution, when at	10 M 2 XF 74	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS.  15 DAYS HOURS MIN.	7. DATE OF BIFTTN (Morith, Day, Year) 0 9 - 18 - 1	0	ATHPLACE (State or Foreign writy)  A Ciry (and)
RESIDENCE OF DECEDENT	mital C	tr.	Baller	nore		
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Florida Palat		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER Rt 4 Box 1738  11. MARITAL STATUS			101. ZIP CODE 32077			d States
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 K NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxk 1 ☐ YES 2 ☑ NO Spec	en, Puerto Rican, etc.)		ACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 Yrs.  17. FATNER'S NAME (First, Middle, Last)	CATION 1 completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	ne during most of working id.)	Steel		
Charles E. Nash			Sue Fo	AME (First, Middle, Meiden St rrest Carnes	umame) S	
Walter G. Nash			er Drive Ste			566
20s. METHOD OF DISPOSITION 1 Solution 2 Cremetton 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State camet	PLACE AND DATE OF DIS lery, cremetory or other ple en Haven N	em. Park 1 22. NAME AND ADDRESS OF F Kirkley-Rudd	/13 Glen	Home	e, Maryland
23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST	List only one cause on eac	ch line.  Cutive /  Consequence of:  trosc  Consequence of:  tense	Least Far	ch as cardiec or respira	itory arrest,	Approximate Interval Between Onset and Dags
PART II. Other algnificent conditions	a contributing to deeth but		underlying ceuse given i	Part I. 24a. WAS AN A PERFORM 1 □ YES 2		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 071	26. PLACE OF DEATH (C	Check only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF PEATH  1 Netural 5 Pending Investigation	1 Appetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)		Nursing Nome 5 Residence  28c. INJURY AT WORK?  1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURE	0
3 / Suleide	28e. PLACE OF INJURY – building, etc. (Specif)	- At home, farm, street,	factory, office	281. LOCATION (Street an City or Town, State)	d Number or Ru	eral Route Number,
anal /	CIAN: To the best of my knowled R: On the basis of examination					se(a) and manner ea stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			H 29c. LICENSE N	UMBER	29d. DATE SIG	NED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CABREA, MIGUEL F.

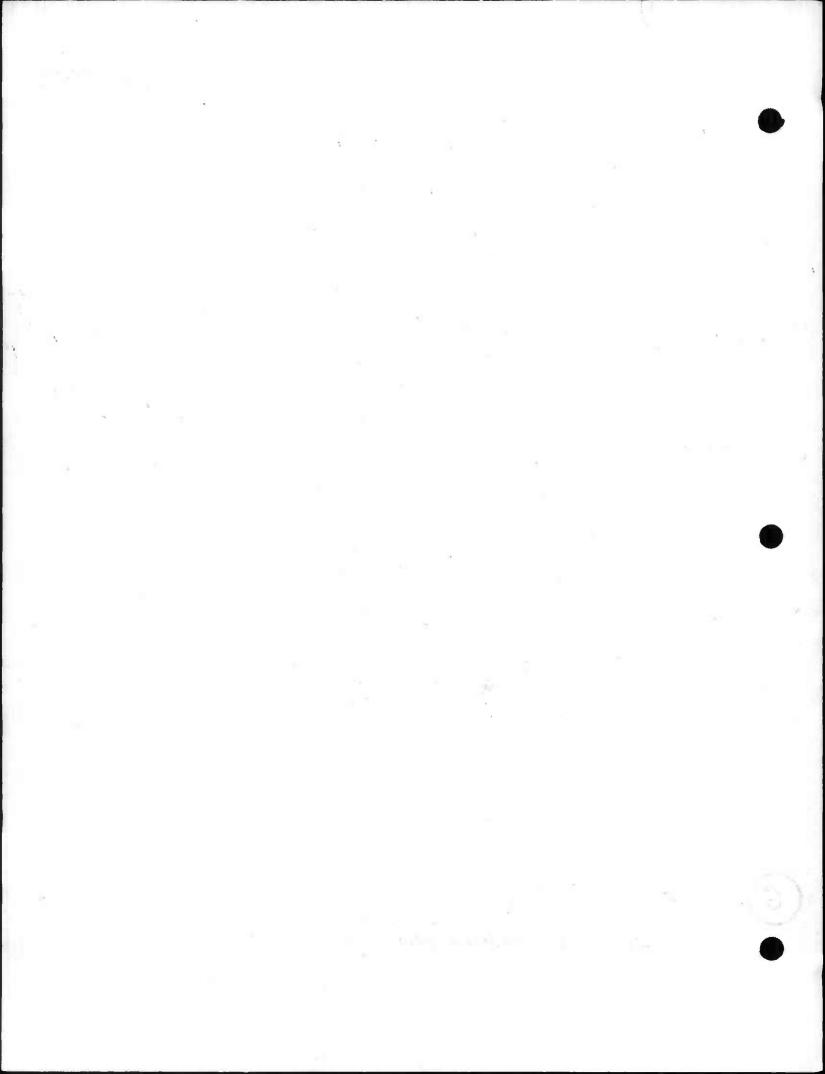
31. DATE FILED (Month, Day, Year)

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TOWNE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer nours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTMENT OF		ENTAL HYGIENE REG. NO.	94 00489
1. DECEDENT'S NAME (First, Middle, Last)		1	DATE OF DEATH	3. TIME OF DEATH
JOSEPH H. NICHOLS	JR.		MONTH DAY	YEAR 94
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday) IF UNDER 1 YE		DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
218-16-7539 1 M 2 F	71 YRS. MONTHS DAY		(Menth, 2ay, Xoas)	CountMD
4428 MARRIOTTSVILLE RD	96. CITY, TOV	IN OR LOCATION OF DEAT		COUNTY OF DEATH BALTO
10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	CATION		10d. INSIDE CITY
MD BALTO  104, STREET AND NUMBER	RANDALLS'			LIMITS? 1 YES 2 NO
4428 MARRIOTTSVILLE RD		21117	10g	U.S.A.
11. MARITAL STATUS  1 ☐ Never Merried 2 ☑ Married  3 ☐ Widowed 4 ☐ Divorced  12. WAS OECEDENT EVER IF FORCES? 1 ☐ YES IF YES, GIVE WAR OR C	2 NO If yes	DECENDENT OF HISPANIC, specify Cuben, Mexican, YES 2 NO Specify:	ORIGIN? (Specify Yes or No Puerto Rican, etc.)	9- 14. RACE - American Indien, Black, White, etc. Specify BLACK
15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)	ATION most of working	16b. KIND OF BUSINES	S/INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5+)  12TH	UNKNOWN		HARDWARE	SPECIALITY INC.
17. FATHER'S NAME (First, Middle, Last)  JOSEPH H. NICHOLS SR.		18. MOTHER'S NAME LENA	(First, Middle, Maiden Surna A. MILLER	me)
19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Str.	net and Number or Rural Rou	nte Number, City or Town, Stell	e, Zip Code)
MARY E. NICHOLS	4428 MARRIO		D BALTO, MD	
	D. PLACE AND DATE OF DISPOSITION RETERM CREMING OF OTHER PARTY OF THE PROPERTY		I I	N — City or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		E AND ADDRESS OF FACIL RCH F/H WE		BASH AVE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF):	tre Cancer		~ 18 num
d				
PART II. Other significant conditions contributing to death to	out not resulting in the underl	ying cause given in Pa	int i. 24s. WAS AN AUTO PERFORMED?  1 YES 2 N	AMILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL	2/	. PLACE OF DEATH (Check	only one)	
EXAMINER?  1 YES 2 NO 1 ppstient 2 ER/Out	OTHER:	The state of		
27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF 28c.	lome 5 Residence 8	Bd. DESCRIBE HOW INJURY	Y OCCURED
1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation		WORK?  YES 2 NO		
3 Suicide 8 Could not be determined 286. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, atreet, fectory, city)	office 2	81. LOCATION (Street end Nu City or Town, State)	imber of Rural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination				
29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LIÇENŞE NUMBI		DATE SIGNED (Mopth, Day, Year)
Carl Clare mo	151	1165	P7	1/10/94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	14	- 1	
31. DATE FILED (MONTH, Day, Year) 322 REGISTRAR'S SIGN		mores MD.	21239	
31. DATE FILED (Month, Day, Year)  JAN 1 2 1004  JAN 1 2 1004	-Andelle			



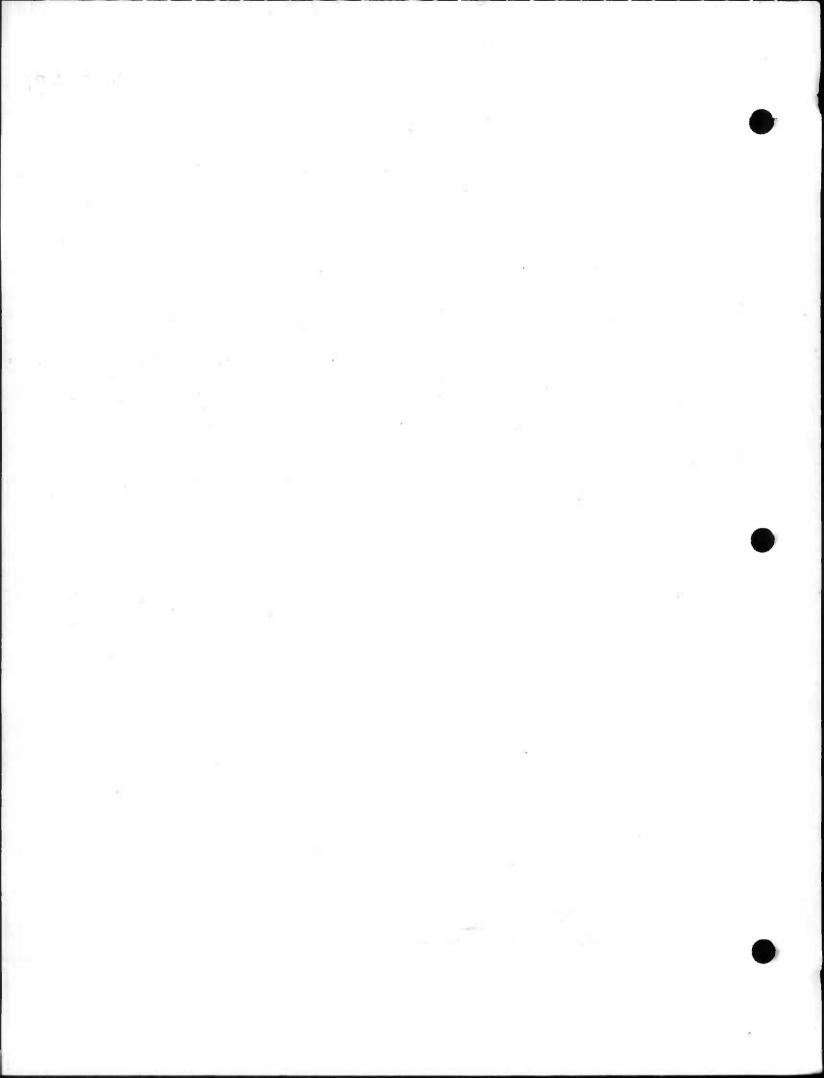
		y the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician	中

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	94	00490
	2. DATE OF DEATH		3. TIME OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	94 00490
	1. DECEOENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Howard WILL	TAM Peters			2:50 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH 8	BIRTHPLACE (State or Foreign
	523-07-7621	1 🛱 M 2 □ F 83 YRS.	MONTHS DAYS HOURS MIN.	(Month, Dey, Year)	Country)
	Se. FACILITY NAME (If not institution, give st		9b. CITY, TOWN OR LOCATION OF DE		COLO Y OF DEATH
DIRECTOR	North Arundel H	Hospital	Glen Burnie	Anne	Arundel
H H	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Anne	Arundel Ede	gewater		1 TES 2 NO
FUNERAL	100. STREET AND NUMBER		10f. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
띮	3718 Carroll Ro	ad	21037		SA
5	11. MARITAL STATUS	12. WAS OECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		I. RACE — American Indien, Black, While, etc.
	1 Never Married 2 Merried	FORCES? STYPES 2 NO	If yes, specify Cuban, Mexice  1 YES 2 NO Specify		Specify:
) BY	3 Widowed 4 Divorced	WWII	X**		white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give kind of w	USUAL OCCUPATION rork done during most of working	16b. KIND OF BUSINESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5 +) life. Do NOT us	e retired.)		
MP	11	Automol	oile Mechanic	Automotive	
8	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Malden Sumame)	
BE	John William P	<u>eters</u>	Stel	la Perkins	
10	190. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street end Number or Rural F	Route Number, City or Town, State, Zip C	ode)
- E	Pamela Peters	Ebersole 3718	Carroll Road	.Edgewater. M	D 21037
	20e. METHOO OF DISPOSITION 1 □ Burlal 2 ※ Fromation 3 □ Remo	20b. PLACE AND DATE O	F DISPOSITION (Name of	DATE 20c. LOCATION — CH	ly or Town, State
	4 Donation 5 Other (Specify)	Metro Cr	ematory	Baltimo	ore, MD
	21. SIGNATURE OF FUNERIAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF FA		
	► V. sas I. I.	< Nout		ineral Home, I	
	23 PART I Enter the diseases of a	complications that caused the death. Do n	1 12 Riagely	Ave. Annapoli	is,MD 21401
	shock, or heart failure:	List pniy pne cauea pn each line.	or arrest the filode of dying, such	n as cardiec or reapiretory erres	Intarval Between
9	iMMEDIATE CAUSE (Final diseese or condition	a. COMES YOR WEST	1/1 -	1. 1.	Onset and Death
	resulting in death)	. Congesture Wes	N Jallere	(desputhic	
3		DUE TO YOR AS A CONSEQUENCE OF	7:	/	
NO	Sequentially list conditions,	b. DUE TO (OR AS A CONSEQUENCE OF	٥.		
A	if any, leading to immediate cause. Enter UNDERLYING	DUE TO ION AS A CONSCIDENCE OF	<i>j.</i>		
H	CAUSE (Disease or Injury thet initieted avents	DUE TO (OR AS A CONSEQUENCE OF	n:		
CERTIFICATION	resulting in death) LAST		,		į l
S		d			
A A	PART II. Other aignificant condition	s contributing to death but not resulting i	n tha underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS
MEDIC				1 VES 2 HO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					OF DEATH?
				_	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)	
Sic	EXAMINER?	HOSPITAL: 1	OTHER:		
i À	27. MANNER OF DEATH	26e. DATE OF INJURY 26b. TIMI	4 Nursing Home 5 Residence  E OF 28c, INJURY AT	28d. DESCRIBE HOW INJURY OCCU	REO
	1 Natural 5 Pending		URY WORK?  M 1 YES 2 NO		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY At home, larm, a		281. LOCATION (Street end Number of	- Gural Bouta Number
	4 Homicide 6 Could not be	building, etc. (Specify)		City or Town, State)	rear note names,
	29a, CERTIFIER				
	(Check only 1 CERTIFYING PHYS)	CIAN: To the best of my knowledge, death occurre			
MP		rs: Un trie page of examination and/or investigation	n, in my opinion, death occured at the	time, date end place, end due to the	cause(e) end manner ee stated.
COMP					
SE COMPLETED		71	29c, LICENSE NUI		SIGNED (Month, Day, Year)
BE	29b. SIGNATURE AND TITLE OF CONTRIBE	Toyle un	D311	MBER 29d. DATE 5	SIGNED (Month, Day, Year)
l w	29b. SIGNATURE AND TITLE OF CONTREES  30. NAME AND ADDRESS OF PERSON WH	0 COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	D 311	122 1	SIGNED (Month, Day, Year)
BE	206. SIGNATURE AND TITLE OF COMPANIES  30. NAME AND ADDRESS OF PERSON WH  Dr. Kevin Doyl	Toyle un	D 311		SIGNED (Month, Day, Year)
BE	29b. SIGNATURE AND TITLE OF CONTREES  30. NAME AND ADDRESS OF PERSON WH	0 COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	D 311	122 1	SIGNED (Morith, Day, Year)



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2: mours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be fined within 72 hours after death with the State Deer, of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR  1. DECEDENT'S NAME (Eirst, Middle, Last)	. 0	CERTIFICAT	T OF HEALTH AND E OF DEATH	REG.	NO.	4 0 0 4 9
Margue	rite /	TRONTO		MONTH &	DAY 94	YEAR 1/A
4. SOCIAL SECURITY NUMBER 579 03 5551	5. SEX 6. AGE (In yrs	s. lest birthday) IF UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 3 - 21 - 2	7)	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (if not institution, give s 6804 Trexler R RESIDENCE OF DECEDENT			ew Carroll			y of DEATH Ce George C
	nce Geo Co	10c. CITY, TOWN	OR LOCATION  ew Carroll	ton		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6804 Trexler R	o a d		10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	□NO	I. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexi- 1 YES 2 NO Specify	can, Puerto Rican, etc.		Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		DECEDENT'S USUAL, (Give kind of work done life. Do NOT use retired.	e during most of working	16b. KIND OF	BUSINESS/INDUS	БТЯУ
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Mai	iden Sumame)	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	SS (Street and Number or Rura	of Route Number, City or	Town, State, Zip Co	ode)
		de. Dirl <sup>22</sup>	. NAME AND ADDRESS OF	FACILITY CHOL	7 7	- D 3
23. PART i. Enter the diseases, or canock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the List only one cause on each	e deeth. Do not enterline.	o55W.Balti	moreSt, E	Balto, Nespiratory stres	t, Approximate Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that caused the List only one cause on each	e death. Do not ente line.  Leading (1)  NSEQUENCE OF):	o 55W . Balti	moreSt, E	Balto, Nespiratory stres	1D 2 1 2 0 1  t, Approximate Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM.	e death. Do not enterine.  Lotte (A)  NSEQUENCE OF):  NSEQUENCE OF):	o 55W. Balti	morest, E	Balto, Nespiratory stres	4D21201
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	DUE TO (OR AS A COM DUE TO	e death. Do not enterine.  LISTED LA  NSEQUENCE OF):  NSEQUENCE OF):  NSEQUENCE OF):  OTHE	er the mode of dying, sure the mode of dying and the mode of dying	morest, Eschas cardiac or re  Lay dust  n Part i. 24a, WAS  PER  1   YES	S AN AUTOPSY FORMED?	Approximate Interval Between Onset and Dear Dear Onset and Dear Dear Dear Dear Dear Dear Dear Dear
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  27. MANNES OF DEATH  1 Neturel 5 Pending	DUE TO (OR AS A COME  DUE TO (OR AS A COME	e death. Do not enterine.  LISTED LA  NSEQUENCE OF):  NSEQUENCE OF):  NSEQUENCE OF):  OTHE	er the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying cause given in the mode of death of the mode of death of the mode of death of the mode of the mode of dying cause given in the mode of death of the mode of dying.	morest, Eschas cardiac or re  Lay dust  n Part i. 24a, WAS  PER  1   YES	S AN AUTOPSY FORMED?	Approximate Interval Betwee Onset and Dea 24b. Were Autopsy Finding AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant conditions  WAS CASE REPERRED TO MEDICAL EXAMPLED.  1 1 YES 1 NO  27. MARKET OF DEATH	DUE TO (OR AS A COME  DUE TO (OR AS A COME	e death. Do not enteriline.  Lotte Caline.  INSEQUENCE OF):  INSEQUENCE OF	er the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying, sure the mode of dying and the mode of dying, sure the m	morest, Eschas cardiac or re  Lav cluste  n Part i. 24a. WAS PER  1   YES  Check only one)  a B   Other (Specify)  28d. DESCRIBE HO	B AN AUTOPSY FORMED? S 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Approximate Interval Betwee Onset and Dea 24b. Were Autopsy Finding AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  27. Manuscott DEATH  1 Neturel 5 Pending Investigation  29. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	DUE TO (OR AS A COM DUE TO	e death. Do not enterine.  Lotte Canada Cana	er the mode of dying, sure the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of dying and the mode of dying, sure the mode of dying and the mod	morest, Eschas cardiac or re  Lay dust  n Part i. 24a, WAS  PER  1   YES  Check only one)  28d. DESCRIBE HO  28f. LOCATION (Str.  City or Town, S	B AN AUTOPSY FORMED? S 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Approximate Interval Betwee Onset and Dea 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

Augusto Lodrique	>	256-LICENSE MUMBER DJJ 230	29d. DATE SIGNED (Month, Day, Year)
30. HAVE AND ADDRESS OF PHISON WHO COMPLETED CAUSE AUGUSTO P. ROATIQUE	MD, 500 9 K	Payburn Ct. Cp S	W Md 29748
JAN 1 2 1994	signatures syndrolls	,	/

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I t em6, g-707, 1-17-94, dr
FOR STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

01. 001,92

REGISTRAR		CEF	RTIFICAT	E OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF MONTH	OEATH DAY	YEAR	3. TIME OF OEATH
CAROLYN	M. PETE	RMAN					RY 12,		00:33
4. SOCIAL SECURITY NUMBER 216-28-4699	5. SEX 6.	AGE (In yrs last bi	YRS. F UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH	B. BIR	THPLACE (State or Foreign orty)  ryland
9a. FACILITY NAME (If not institution, give st Greater Baltimore		Center	1000	OWSC	OR LOCATION OF O		9c.	COUNTY OF	
RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY		1	IOC. CITY, TOWN		TION				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	imore Co.		Timoni		f, ZIP COOE		101		1 YES 2 NO
201 Hunters Ridge	2. WAS DECEDENT ET FORCES? 1	VER IN U.S. ARME	D 13		21093 CENOENT OF HISPA			USA 10- 14. RA	CE — American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR				ecify Cuben, Mexic 2 MO Speci		n, etc.)		White
15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEI (Give life. Do	DENT'S USUAL ( kind of work done NOT use retired.	OCCUPATION OCCUPATION	ON ost of working	16b. KIP	OF BUSINES		
12 years 17. FATHER'S NAME (First, Middle, Last)		Rec	eptioni	ist	16. MOTHER'S NA	ME (First Midd	Hutzl		
Unknown McDanie	1					ret Dil			
19s. INFORMANT'S NAME (Type/Print)		19b. N	IAILING ADDRES	SS (Street i	and Number or Rural			ate, Zip Code)	
Mrs. Patricia Tre	goe	20	1 Hunte	ers E	Ridge Rd	. Timor	nium, M	1D 2	1093
20e_METHOD OF DISPOSITION  1		20b. PLACE AND	DATE OF DISPO	SITION (N		DATE	Pikes	ON City or	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE O	()	22	. NAME A	ND ADDRESS OF FA	CILITY		tors,	Inc.
23. PART I. Enter the diseases, or cahock, or heart fellure. I	List only one cause	on each line.	n. Do not ente	er the mo		ch aa cardiec			Approximate interval Between
ahock, or heart feliure. I	a. OUE TO (OF	R AS A CONSEQUE	ENCE OF):	er the mo	ode of dying, suc	ch aa cardiec			Approximate interval Between
ahock, or heart felture. If IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. OUE TO (OF	R AS A CONSECUTOR	ENCE OF):	er the mo	ode of dying, suc	ch aa cardiec			Approximate interval Between
ahock, or heart felture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OF	R AS A CONSEQUE	ENCE OF):	a /	In farc	♣o 1		OPSY 2	
ahock, or heart fellure. I  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  Again 125. WAS CASE REFERRED TO MEDICAL	DUE TO (OF	R AS A CONSEQUE	n. Do not ente	anderlyin	In farc	Part I. 24	e. WAS AN AUTO PERFORMED	OPSY 2	Approximate interval Betwe Onset and Del Ons
ahock, or heart fellure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	DUE TO (OF	R AS A CONSEQUE	OTHE	anderlyin	g cause given in	Part I. 24	e. WAS AN AUTO PERFORMED	OPSY 2	Approximate interval Betwe Onset and Del Ons
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ahock, or heart fellure. I  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  Agriculture  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OF DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. DUE TO (OF D. DUE TO (OF D. D. D. D. D. D. D. D. D. D. D. D. D.	R AS A CONSEQUE R A CONSEQUE R A CONSEQUE R A CONSEQUE R A CONSEQUE R A CONSEQUE R A CONSEQUE R A CONSEQUE R A	DOA OTHE OF INJURY M	anderlyin  26. P  ER: ursing Hon  28c. IN. 1   1	g cause given in	Part I. 24  1 Part I. 24  1 Other (S) 28d. DESCRI	e. WAS AN AUTT PERFORMED  YES 2 1	OPSY 2	Approximate interval Betwee Onset and De Ons
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ahock, or heart fellure. I  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  4	DUE TO (OF DUE TO (OF	R AS A CONSEQUE R AS A CONSEQU	DOA OTHE DOA 1 No. 1885. TIME OF INJURY M., farm, street, fa	anderlyin  26. P  ER: ursing Hon  26. IN, 1 □	g cause given in  LACE OF DEATH (C)  ne 5   Residence JURY AT  JURY AT  YES 2   NO	Part I. 24.  1 Part I. 24.  1 Other (S)  28d. DESCRI  28t. LOCATIC City or K  e to the cause(e time, date and	a. WAS AN AUTO PERFORMED YES 2 1 1 Decity)  Decity)  Decity on (Street and Nown, Stete)  e) end menner d place, end du	DPSY 2. Procure or Aura as stated.  to the ceused. DATE SIGN.	Approximate interval Betwee Onset and Decided and Deci

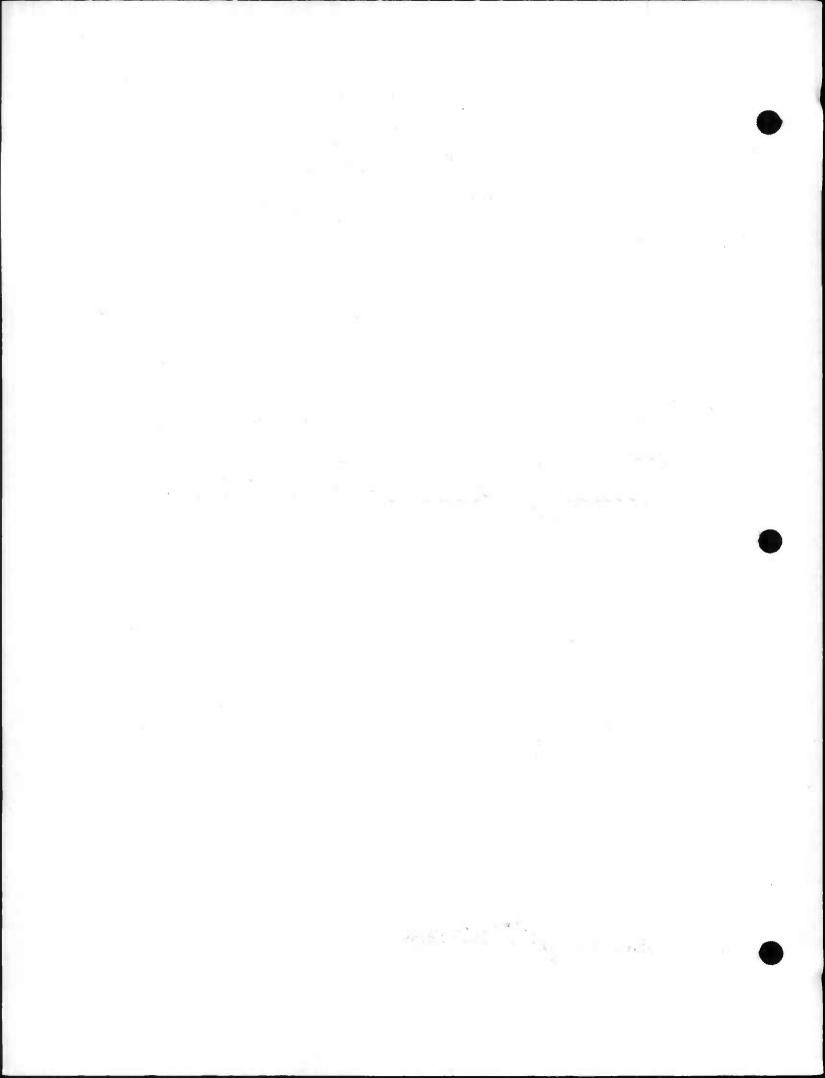
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94 00493 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTHAH					F DEATH	1	REG. NO.			
		1. DECEDENT'S NAME (First, Middle Last)	P. Edwa	$R \cap \Delta$	Pende	ergas	t		OATE OF DEATH	AY Y	EAR 3.	TIME OF DEATN
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last b	olethelau) E I	UNDER 1 YEA	R IF UNDER 24	ume 7.0	ATE OF BIRTH	/	DIDTUDE A	6758
P		212-34-7396	1 <b>∑</b> [[ <b>4</b> ] 2 □ F	54	YRS. MON	-	1	MIN. 9/	Month, Day, Year)		Country)	ce (State or Foreign
3 should		9a. FACILITY NAME (If not institution, give str	reet and number)		9b.	CITY, TOW	N OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH	Н
ν,	DIRECTOR	Francis Scott Key	med. cente	r		Baltimore				à.	N,	/A
es	띨	10a. STATE 10b. COUNTY			10c. CITY, TO	WN OR LO	CATION				100	I. INSIDE CITY
nit. Pag			N/A			Ва	ltimore	5			X	LIMITS?
ısit peri	FUNERAL	100. STREET AND NUMBER 209 N. Ellwood Av	re.				10f. ZIP CODE 21224	1		10g. CITIZE	USA	COUNTRY?
ician. I-trar	🛱	11. MARITAL STATUS	12. WAS DECEDENT EVER			13. WAS			RIGIN? (Specify Yea	or No.— 14		American Indian
attending physician. se as the burial-transit permit. Pages 1,	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			If yes,	, specify Cuban, R YES 2 NO	Maxican, Pu			Specify: Whi	American Indian, hita, etc.
r attend use as		15. DECEDENT'S EOUC (Specify only highest grade		18a. DECE	DENT'S USU	AL OCCUP	ATION most of working		16b. KINO OF BUS	SINESS/INDUS	TRY	
	COMPLETED	Elementary/Secondary (0-12) 4th.	College (1-4 or 5+)	life. De	o NOT use reti	lred.)	most or worning		Goodwil:	1 indu	ctri	26
the hospital detached fo	2	17. FATNER'S NAME (First, Middle, Last)		1.10	DVET	-	40 MOTHER	NAME (C	irst, Middle, Maiden		SULI	52
9 6 E	BE C		endergast				Io. MOTHER	13 NAME (F	Mary H		ck	
retained t 5 should notified	일 일	19a. INFORMANT'S NAME (Type/Print)		19b. I					Number, City or Tow			
5 5	=	Monica Pender						-7	Baltimo			
beath. Page 6 may be funeral director, page xaminer must be		1 N Burlel 2 Cremetion 3 Ramo	oval from State C6	ob. PLACE AND emetery, creme Crest	tory or other p	sposition place) 1 CEM	Neme of	1	1.0	esvill		
death, Page tuneral direct.		21 SIGNATURE OF FUNERAL SERVICE LIQ	History Co.	1			vid J.		Y			
0 = 0		Thered	1 h	de		40	1 S. Ch	nester	St. Ba			d. 21231
C 3 5		23. PART I. Enter the diseases, or a shock, or heart fallure	inplications that cause	ed the deet	h. Do not a	ntar tha	moda of dying	, such as	cardiac or reapi	iratory arres	t,	Approximate
		IMMEDIATE CAUSE (Final	List only one cause on	aach IIna.								intarval Between Onsat and Death
a \$ 40 =		disease or condition resulting in death)	Pape	DMO1	710							
ted within completely ial. cremati.			DUE TO (OR AS	A CONSEQU	ENCE OF):	_						
executed withing and complete to burial, cremmatic event,	Z	Sequentially list conditions to	Fong	jal	SEI	24×	Emi	7				
e be execut sician and c arior to burit traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQU	ENCE OF):	, (	1000					
physician ne prior to	2	cause. Entar UNDERLYING CAUSE (Disease or injury	0115 70 100 10									
ing ing	E	that initiated eventa resulting in death) LAST	OUE TO (OR AS	A CONSEOU	ENCE OF):							
. E S - 0	<b>H</b>		l									
e 4 2 =		PART II. Other aignificant conditions	contributing to death	but not rea	ulting in th	a underl	ying causa give	an in Part	1. 24a. WAS AN	AUTOPSY	24b, WEI	RE AUTOPSY FINDINGS
	EDICAL	SISKOWA	hoin le	Mac	do	1	0.19 10.000.00		PERFOR			ILABLE PRIOR TO MPLETION OF CAUSE
es ign		Tron Luch	and I		\	)			1 TYES 2	. NO	OF	DEATH?
to de le	Σ.	Trivia h	carol	- Sta							'	YES 2 NO
has ber Der	AN	25. WAS CASE REFERRED TO MEDICAL	109/0/0			26	PLACE OF OEAT	TN (Check or	alv one)			
SICIAN: The certificate h the State I , or Item	PHYSICIAN:	EXAMINER?	HOPPITAL:	tostlent 3		HER:	fome 5 - Reald		7			
SICIA certii	H	27. MANNER OF DEATH	28a. DATE OF INJURY	/ :	28b. TIME OF	-	INJURY AT	_	OESCRIBE NOW I	NJURY OCCUP	REO	
DING PHYS After this of death with	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY		WORK?  YES 2 N	10				
TTENDI TOR: A after d	ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	RY — At home recify)	e, farm, etreet	t, fectory, c	ffice	2 <b>8</b> f.	LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,
OR A DIREC	7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wledge death	occurred at	the time.	fets and place, as	ad due to th				
四月代=	COMPLET		R: On the basis of examinati									d manner as stated.
TO THE HOSPI TO THE HOSPI TO THE WITHIN	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mi				29c. LICENS	SE NUMBER	7	29d. DATE S	IGNED (Mo	nth, Day, Year)
-5 5 8 W	10	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	DEATN (ITEM 2	27) (Type, Print	r)	1/7	u	/			////
		31. DATE FILEO (Month, Day, Year)	32. HEGISTHAM'S SIG	* S	1	W	redic	de	16	nte		
		JAN 12 1994	and Sandan	- Arek	76							



			AND / DEPART CERTIFIC	CATE OF DEATH		REG. NO.	OUTI
	1. DECEDENT'S NAME (First Middle, Las.	1/0	sady	Riddick	2. DATE OF MONTH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 246-38-4324  9a, FACILITY NAME (If not institution, given	1 X M 2 🗆 F	66 YRS.	F UNDER 1 YEAR F UNDER 24 HF NONTHS DAYS HOURS MH	(Month, C	13-27 N	BIRTHPLACE (State or Foreig Country)
CTOR	Degton Sacial RESIDENCE OF DECEDENT	Ity Hopital &	1.	Baltimore	FDEATH	=	Y OF DEATH
L DIRECTOR	Maryland  10e. STREET AND NUMBER	N/À		imore			10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	3840 Borman A			101. ZIP CODE 2.1.2.1.5		IISA	N OF WHAT COUNTRY?
B∀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2X NO St	xican, Puarto Ric	nn, etc.)	I. RACE — American Indian, Black, White, etc. Specify: Lack
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	16b. K	IND OF BUSINESS/INDUS	STRY
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)	N/A	N/		NAME (First, Mid	N / A	
BE	Mack Riddick  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	De 1 i	a Sher		ode)
2	Debra Ramsey		106 B	rookebury D	r. Bal	to.MD 21	136
	20a. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3  R  4  Donation 6  Other (Specify)	amoval from State ceg	metery, crematory or other	DISPOSITION (Name of project)	DATE	20c. LOCATION — CIF	
	21. SIGNATURE OF FUNERAL SERVICE		ML.ZIOII	22. NAME AND ADDRESS OF	FFACILITY	94 Lands	down, MD
	23. PART i. Enter the diseases, a shock, or heert fallul	or complications that cause re. List only one cause on e		Unity Fune 108 W. Nort tenter the mode of dying,	h Ave.	Balto.MD	t, Approximat
RTIFICATION		a. DUE TO (OR AS /	ech iine.	1108 W. Nort t enter the mode of dying,	h Ave.	Balto.MD	Approximat
MEDICAL CERTIFICATION	shock, pr heert failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS /	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	t enter the mode of dying,	b Ave such as cerdie	Balto.MD	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
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BY PHYSICIAN: MEDICAL	shock, pr heert failure immediate cause. Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions to the condition of th	a. DUE TO (OR AS / b. DUE TO (OR AS / c. DUE TO (OR AS / d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  full full for the consequence of the conseque	the underlying cause giver  26. PLACE OF DEATH  THE RIP   DI   Mursing Home 6   Resider  RY WORK?  M     YES 2   NO	In Part I. 2  (Check only one)  100 6  Other (3  286. DESCE	Balto.MD c or reepiretory arres	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	shock, pr heert failur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit  August 1  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending investigation 29a. CERTIFIER (Check only CERTIFYING Ph.	a. DUE TO (OR AS / b. DUE TO (OR AS / c. DUE TO (OR AS / d	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in  Language of the consequence o	the underlying cause giver  26. PLACE OF DEATH  THER:   Nursing Home 6   Resider  OF 28c. INJURY AT WORK? 1   YES 2   NO  set, factory, office	In Part I. 2.  (Check only one)  100 6  Other (Substitution of the Course of the Cours	Balto MD c or reepiretory arres  4a. WAS AN AUTOPSY PERFORMED?  YES 2 2 40  Specify) RIBE HOW INJURY OCCU  ON (Street and Number or fown, State)	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	shock, pr heert failur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit  August 1  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending investigation 29a. CERTIFIER (Check only CERTIFYING Ph.	a. DUE TO (OR AS /  b. DUE TO (OR AS /  c. DUE TO (OR AS /  d. DUE	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in  Language of the consequence o	the underlying cause giver  26. PLACE OF DEATH  THER:   Nursing Home 6   Resider  OF 28c. INJURY AT WORK? 1   YES 2   NO  set, factory, office	In Part I. 2:  (Check only one)  1000 6  Other (S)  28d. DESCE  28f. LOCATI City or  due to the cause	Balto MD c or reepiretory arres  4a. WAS AN AUTOPSY PERFORMED?  YES 2 2 400  Specify)  NIBE HOW INJURY OCCU  ON (Street and Number or fown, State)	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn he find within 72 hours after death with the State Deor, of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERA in 72	T: H
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1. DECEDENT'S NAME (First, Middle, Last)	Margaret	· R	20114		2. DATE OF DEATH MONTH	<sub>w</sub> 1 - 1	- 94	3. TIME OF DEATH
The state of the s		(In yrs. lest birthde			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTTI	HPLACE (State or Foreign
		78 YRS		AYS HOURS MIN.	8-23-19	15	00000	- 77
Pe. FACILITY NAME (If not institution, give street and number)  Harford Memorial Hospital  Havre de Grace  Harford							DEATH	
RESIDENCE OF DECEDENT								d Co
10e. STATE 10b. COUNTY		10c. (	CITY, TOWN OR	111135				10d. INSIDE CITY LIMITS?
Maryland Harfo	ord Co		Aberd	een		T 40. 00		1 TES 2 NO
126 Grant Stre	et			2 1 0 0 1		10g. CI	IZEN OF	WHAT COUNTRY?
	2. WAS DECEDENT EVER I		13. WA	B DECENDENT OF NISPA	NIC ORIGIN? (Specify Ye	or No—		E — American Indian,
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		If y	es, specify Cuben, Mexico ] YES 2  NO Specif	en, Puarto Rican, etc.)			k, Whita, etc.
15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)	FION mpleted) College (1-4 or 5+)	(Give kind	T'S USUAL OCCU of work done duri T use retired.)	IPATION ng most of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Melden	Surname)	-	
19e. INFORMANT'S NAME (Type/Print)		100. MAIL	ING ADDRESS (S	treet end Number or Rural	noute number, City or low	rn, State, 2	up Cooe)	
21. BIGHATURE OF FUHERAL SERVICE LICEN	Ronald	Wade, D		ME AND ADDRESS OF FA	State	Anat	omy	Board
23. PAHT I. Enter the diseasea, or concentrate anock, or heart failure. Lie immediate CAUSE (Final disease or condition resulting in desth)	mplications that cause of a tonly one cause on a	and the death. Describing.	65  o not enter the	bW.Baltim mode of dying, such Tribu	noreSt,Ba	1to	, MD2	1 2 0 1 Approximata Interval Between
23. PART I. Enter the diseases, or conshipped abook, or heart failure. List IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A	ed the death. Desch line.	65  o not enter the  Heart  FOF):	bW.Baltim mode of dying, such Tribu	oreSt, Ba	1to	, MD2	1 2 0 1 Approximata Interval Between
23. PART I. Enter the diseases, or conshock, or heart failure. List immediate cause or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions	DUE TO (OR AS A	A CONSEQUENCE A CONSEQUENCE  A CONSEQUENCE  Dut not resulting	65  o not enter th  Here or: OF: OF:	bW.Baltim mode of dylng, suc  Tribu	norest, Ba	I AUTOPS)	, MD 2	1201
23. PART I. Enter the diseases, or conshock, or heart failure. List immediate cause or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  All Last CAUSE (EXAMINER?	DUE TO (OR AS A	A CONSEQUENCE A CONSEQUENCE  A CONSEQUENCE  Dut not resulting	65 o not enter the	b W. Baltim  a mode of dying, such  Trilling  riying cause given in  ute	Part I. 24a. WAS AN PERFO	I AUTOPS)	, MD 2	Approximate interval Betwoon Onset and Do On
23. PART I. Enter the diseases, or conshock, or heart failure. List immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  All John 1972 1972 1972 1972 1972 1972 1972 1972	DUE TO (OR AS A	ad the death, Deason line.  A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  Light 1 DOA  28b.	65 o not enter the	b W. Baltin  a mode of dying, such  Trilling  Trilling cause given in  ute	Part I. 24a. WAS AN PERFO	I AUTOPS'	, MD 2	Approximata interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I. Enter the diseases, or conshock, or heart failure. List immediate cause or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.  BLUSCOLO CAUSE (Disease or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  1 Histural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	ad the death, Description of the death, Desc	65 o not enter the	bW.Baltim  mode of dying, such  riving cause given in  cause g	Part I. 24a. WAS AN PERFO 1 YES :	I AUTOPS:	, MD 2 Freat,  24t	Approximata Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De

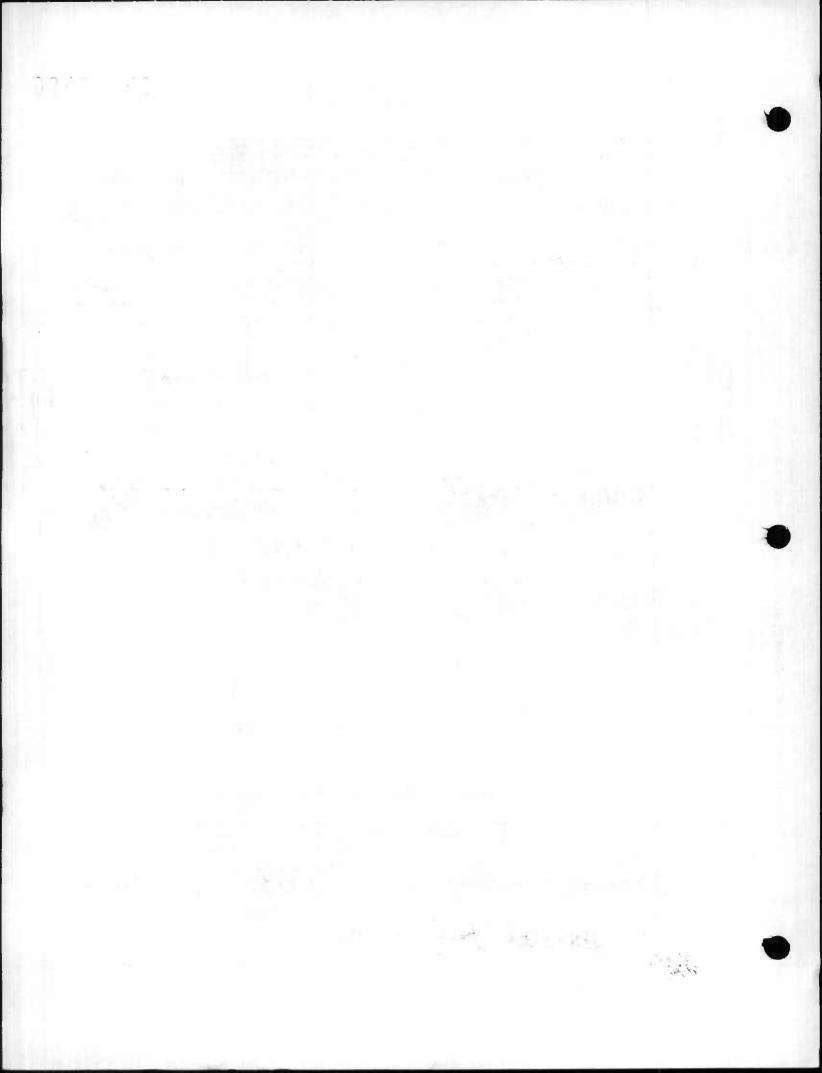
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print)



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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)	Ridoelu	Ridoplu				DAY	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-16-0917	1 □ M 2 💢 F	(In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) October 16,	1918	BIRTHPLA	CE (State or Foreign	
TOR	99. FACILITY NAME (If not institution, give 2147 Route 97 RESIDENCE OF DECEMENT	street end number)			or LOCATION OF D	EATH		y of DEAT	н	
DIRECTOR	10a. STATE 10b. COUNT	ard County	10c. CITY	, TOWN OR LOCA	COOKSVILL	e		000	d. INSIDE CITY LIMITS?  YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 2147 Route 97			10	or. zip code 21723			S.A	T COUNTRY?	
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, s		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:	ee or No—	4. RACE — Black, W Specify:	American Indian, hite, atc. White	
LETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	rork done during m e retired.)		16b, KIND OF B				
E COMPL	17. FATHER'S NAME (First, Middle, Last)  Arthur K.	5 Pickett	rea	cher	16. MOTHER'S NA	ME (First, Middle, Maide Ada Ze		ation	1	
TO BE	19e. INFORMANT'S NAME (Type/Print)  Mrs. Carolyn Ride					Route Number, City or To	wn, State, Zip C	ode)		
	Mrs. Carolyn Ridgely  20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremetton 3 Removal from State  4 Donatton 5 Other (Specify)  2147 Route 97 Cooksville, MD 21723  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  Mt. View Cemetery Jan. 14, 1994 Marrriottsvil									
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Sykesyille, MD 21784 (410)-795-1400									
ETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COM	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.								Approximate Interval Betwee Onset and De	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.									
	PART II. Other significant condition	a contributing to death t	n the underlyIn	ig cause given in		RMED?	OF	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	eck only one)								
	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	OF 28c. IN.	uning Home 5 ☐ faeldence a ☐ Other (Specify)  28c. INJURY AT WORK?  1 ☐ YES 2 ☐ NO						
	2 Accident Investigation 3 Suicide a Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number of Rural Route								Number,	
COMPLE		CIAN: To the best of my know							d menner as stated.	
TO BE C	296. SIGNAPORE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (North, Day, Year)  1/12/94									
	SO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEMPET) (Type, Print) ERNESTO MALAVE IS HEREN PRINCE PHZLIP DR OLNEY MD									
	31. DATE FILE (Month, Day THAN 1 2 100 ESISTRAN MATURE THAN AND THE THAN THE THE THE THE THE THE THE THE THE THE									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF

TO THE FUNERAL be filed within 72 important: If

ATTENDING PHYSICIAN. The live requires that the death certificate be executed within

hed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Attention confident has been against build physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be started build of the first burial fragers prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician.

Item4,g-707,1-12-94,dr FOR 1. STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	FICATE	OF DEATH		REG. NO	D.			
1. DECEDENT'S NAME (First, Middle, Li	nst)		77110			OF DEATH	nav /	WEAD	3. TIME OF DEATH	
GOLDYE	RUBIN				MONT	1 0	9 /9	YEAR	2:15 P	
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday) 93 YRS.		YEAR IF UNDER 24 HR	. (Monti	OF BIRTH		Count	HPLACE (State or Foreign try) ARYLAND	
9e. FACILITY NAME (If not institution, g	¥	30	9b. CITY, TO	OWN OR LOCATION OF		1 1	9c. COU	NTY OF E		
SINAI HOS				BALTIMOR	<u> </u>					
MARYLAND 106. COU	JNTY	10c. CI	TY, TOWN OR BALTI						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 2500 W. BELVEI	DERE AVE, APT.	909		101. ZIP CODE 21215				SA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married WW Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ YI IF YES, GIVE WAR OF	ES 2 NO	If y	S DECENDENT OF HIS rea, specify Cuban, Ma: YES 2 NO Sp	xican, Puerto I		ea or No	14. RAC Blac Spec	E — American Indian, ek, White, atc.	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT* (Give kind of life. Do NOT	f work done dur	ing most of working	16b	KIND OF BU	AT HO			
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  MEYER  LEVINSON  HARRIET H. ABRAMOWITZ										
19a, INFORMANT'S NAME (Type/Print) HAROLD H. RUI			G ADDRESS (S	Street and Number or Ru NG MILL RI	D. LA	FAYET	wn State, Zic		S, PA. 194	
20s. METHOD DF DISPOSITION    DATE   20s. HETHOD DF DISPOSITION   20s. PLACE AND DATE OF DISPOSITION (Name of complex), remaining or other place)   DATE   20s. LOCATION — City or Town, State										
BALTIMORE HEBREW 1-11-94 REISTERSTOWN, MD  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTIMORE, MD 21215										
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. VENTR DUE TO (OR A	ICULA!	1	EIBRILL	CAT	ON			Onset and Do	
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. ACUTE MY, LARD(AL INFARCTION)  DUE TO (OR AS A CONSEQUENCE OF):  c. C. P. D. V. F. P. V. D. J. C. A. S. C. C. C. C. C. C. C. C. C. C. C. C. C.								year year		
PART II. Other algnificant condi					In Part I.		N AUTOPSY ORMED? 2 ND	241	b. WERE AUTOPSY FINDIP AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	26. PLACE DF DEATH				1	1 TES 2 NO	
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigati		nr) II	ME OF NJURY M	DF 28c. INJURY AT WORK? 1						
3 Suicide 6 Could not detarmine 29a. CERTIFIER 1 CERTIFYING P	building, atc. (3				City	or Town, State	θ)		Route Number,	
				-, are brace, and		(-) and m				
	MINER: On the beals of examina	etion and/or investigat	tion, in my opin			and place, a	and due to th	he cause(	(a) and manner as stated	
29b. SIGNATURE AND TITLE OF CERT  Thurs  30. NAME AND ADDRESS OF PERSON	y y. Lee	mo		29c. LICENSE		and place, a			a) and manner as stated D (Month, Day, Year)	

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		permit.
FIMORE, MARYLAND 21215-0020	. Page 6 may be retained by the hospital or attending physician.	ral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
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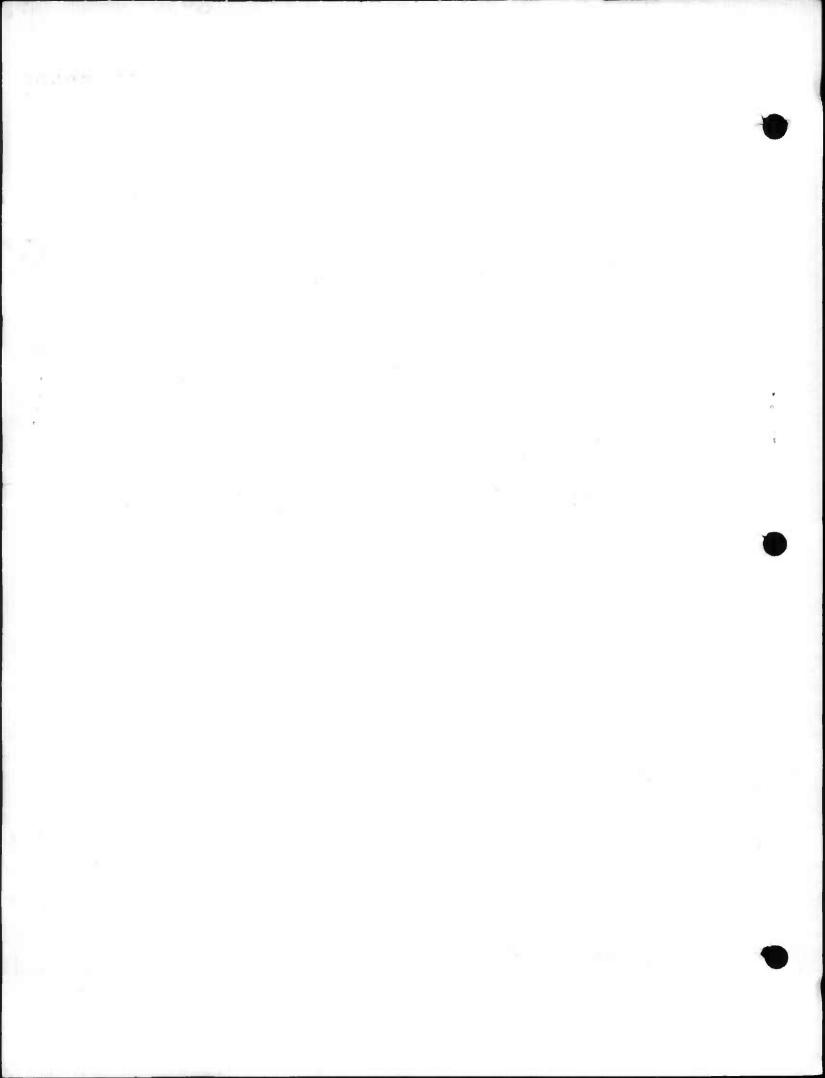
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1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  JOSE	II	2. DATE OF CEATH MONTH DAY	YEAR 1991	3. TIME OF OEATN			
	4. SOCIAL SECURITY NUMBER 215-20-8554	5. SEX 8. AGE (In 1) 1 X X M 2 - F 67	yrs. last birthday) IF UN YRS. MONTH		January 2, 19	927 s. Berry	NPLACE (State or Foreign try) land	
OR	90. FACILITY NAME (If not institution, give a Good Samaritan		9b. C	Baltimore	OEATH	9c. COUNTY OF I	DEATN	
DIREC	MarylAND	Baltimore		n or Location ltimore			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO	
FUNERAL	1834 Edgewood	l Road		101. ZIP CODE 21234		10g. CITIZEN OF	WHAT COUNTRY?	
, II	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 DYES IF YES, GIVE WAR OR DATE WW	U.S. ARMED 2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuben, Mexi 1 TES XX NO Spec	ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.)	or No.— 14. RAC	CE — American Indian, ck, White, etc.	
ETEO	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. OECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSI	INESS/INOUSTRY	WII CC	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Enginee	tinghous	se			
ш	Joseph Wells Smi	th Jr			NAME (First, Middle, Meiden S la Melown	surname)		
TO B	Joan K. Smith			ess (Street end Number or Run   ewood Road B			21234	
	20e. METNOD OF DISPOSITION 1 Burlel 2 A Cremetion 3 Rem		LACE AND DATE OF DISF	OSITION (Name of	DATE 20c. LOC	ATION — City or T	lown, Stele	
- 16-	21. Stolature of Fundamental Stephen	Hovak-	M00640	Cemetery  2. NAME AND ADDRESS OF  6500 York Ro	Mitchell-W	timore,Niedefeld	d Home	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	NARY AR	NEST VEURYSM		Onset and D 15 M 16 how 22 how	
MEDICAL	PART II. Other algorificant condition	a contributing to death bu	t not reaulting in the	underlying cause given i	in Part I. 24a. WAS AN A PERFORI	MED?	b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ОТН					
BY PHYS	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	1 Tinpatient 2 ER/Outpar 28a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	e 6 ☐ Other (Specify)  26d. DEŞCRIBE NOW IN	JURY OCCUREO		
	3 Suicide 6 Could not be determined	Accident  Suicide 6 Could not be  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Rights)  City or Town, State)						
COMPLET	1	CIAN: To the best of my knowle					(a) and menner ee state	
O BE	296, SIGNATURE AND TITLE OF CERTIFIE	/)	7 m.	29c. LICENSE N	# 038		D (Month, Day, Year) N . 11 , 19	
	30. NAME AND AODRESS OF PERSON WH	ANTMAC	ARUBBO	, M.D., 607	UD SAMAR	ITAN	HUSP.	
	JAN 12 1994	32 MEGISTRARY AGAI						

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		REGISTRAR		CE	RIFIC	ATE C	F DEATH	REG	. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) WALTER		SCHI	012			2. DATE OF DEA MONTH JAN UAR	TH DAY 19	YEAR 3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		UNDER 1 YEA		7. DATE OF BIRT (Month, Day, )	н	8. BIRTHPLACE (State or Foreign Country)
P		216-10-9105	1 XXM 2 □ F	78	YRS.	NTHS DAY		November	19,1915	Maryland
3 should	œ	9a. FACILITY NAME (If not Institution, give st					VN OR LOCATION OF DI	EATH		TY OF DEATH
1, 2,	CTOR	Good Samaritan F	ospitai			Balti	more		N,	/A
Sages	DIRE	10e. STATE 10b. COUNTY	A		10c. CITY, TO				·	10d. INSIDE CITY LIMITS?
permit. Pages	AL D	Maryland N/A			Ba	ltimo				1 XXYES 2 □ NO
	띪	1254 Gitting	s Avenue				21239		USA	EN OF WHAT COUNTRY?
215-0020 attending physician. use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 (V) IF YES, GIVE WAR (	YES 2 N	MED 10	If yes	DECENOENT OF HISPAI , specify Cuban, Mexica YES 2 X NO Specif	in, Puerto Rican, e	Ify Yea or No	14. RACE — American Indian, Black, White, etc. Specify: White
21215 al or attend for use as	E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	/G/	CEOENT'S USL	done durino	ATION most of working	16b. KINO (	F BUSINESS/INDU	
O 21 pital or of for u	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite.	Do NOT use re	tired.)			0 1 0	
AND 21 the hospital or detached for u	COMPL	17. FATHER'S NAME (First, Middle, Last)		Ciic	auffer		18. MOTHER'S NA	ME (First, Middle, A	Cab Con	ipany
d be	ш	Joseph Schulz							rence Du	ıncan
MARY: retained by the 5 should be continued at continued	TO B	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rural	Route Number, City	or Town, State, Zip (	Code)
2 2 2 0		Mary Geraghty 209. METHOD OF DISPOSITION		1	1617 Wa	alter	swood Road			/land 21239
Page 6 may al director, pag		1)() Byrial 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	11	cametery cres	MODATE OF DI metory or other I NOOD C	nlece)		1	Baltimor	re.Marvland
BALTIN er death. Pag the funeral di wal. I examiner		21/SIGNATURE OF FUNERAL SERVICE LIC XXXIII XXIIII	Genak		- 40			cury tchell-W	iedefelo	d Home
after of the moval.		Dennis Stephe 23. PART I. Entar the diseases, or c		MOO6		16500	York Road	Baltim	ore. Mar	ryland 21212
24 hours after filled in by the ion, or removal		shock, or haart failura. I IMMEDIATE CAUSE (Final	list only one cause o	on aach lina						intarval Between Onset and Death
		resulting in death)	MASSIVE DUE TO (OR	AS A CONSEC		ASC	ULARA	CCIDEN	17	THREE DAYS
	N N	Sequentially list conditions,								
to X 68 te be execut sician and or prior to buri	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury  C								
certificating physiene	TIE	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE OF):					
the death of the attend of Mental H)	EH									
ECORDS, I during the deat in signed by the atternate in Health and Mental lows any injury,		PART II. Other significant conditions	contributing to daa	th but not re	eaulting in th	na undari	ying causa given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
es that gned by safth an	MEDICAL								ES 2 NO	COMPLETION OF CAUSE OF GEATH?
A 5 80 2		<u> </u>						_		1 TYES 2 THO
	IAN	25. WAS CASE REFERRED TO MEDICAL				28	. PLACE OF OEATH (Ch	eck only one)		
Certificate the State	PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3		THER:  Nursing F	fome 5 - Residence	6 Other (Specif	y)	
5 F i i i	. 16	27. MANNER OF OEATH  1 ① Mitural 5 □ Pending	28a. OATE OF INJU (Month, Day, Ye	IRY par)	286. TIME OF	7 7	INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCCU	IREO
After death	р ву	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJ	JURY — At hor	me, term, stree			28f. LOCATION (S City or Town,	Street and Number o	or Rural Route Number,
DIVISION DRECKE After Nurs after death		4 Homicide determined						org or rown,	orato)	
			ZAN: To the best of my k							d. cause(a) and manner as stated.
HOS T	8	29b. SIGNATURE AND TITUE OF CERTIFIER				Tilly Opilino				
THE THE PORT OF TH	38 0	Shalin		Mil	)		29c. LICENSE NUM			SIGNED (Month, Day, Year) UARY, 07, 1994
		SHALINI MAH	AJAN, M	D.D.	1 9001	DSA	MARITAN	HOSPIT	AL, BA	LTIMORE, MD.
		31. DATE FILED (Morith, Day, Year)	32, REGISTRAR'S S							
		JAN 2 100 1		-						OHMH-18 Rev 1/89



FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH WALTER **EDDIE** HIME 01 03 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 1 M 2 | F 226-80-3812 10-01-65 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1002 E. PRESION STREET BALITMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore na FUNERAL 10s. STREET AND NUMBER 1002 E Preston use as the bunal-framen St. 21202 the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yas or No If yes, specify Cuban, Maxican, Puerto Rican, atc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES 1 Never Merried 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Olvorced COMPLETED 15. OECEOENT'S EOUCATION 16a. OECEOENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INOUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) detached for Unk N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Smith Sr. at retained by funeral director, page 5 should be Joan Hazel Cook 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဥ Joan Hazel Cook 1002 E. Preston Street Baltimore, MD. 2 pe nours after death. Page 6 may 20a. METHOD OF DISPOSITION
1 □ Burlel 2 ☒ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Metro Cemetery Donager & D Other (Specify) in state mova-1 ERAL SERVICE LICENSEER onald examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir 655W.Baltimore St.Balto,MD filled in by the fillion, or removal. Howell Unity medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. Liet only one ceuse on each line. IMEDIATE CAUSE (Finel and completely fille burial, cremation, the disease or condition . ACUTE COCAINE AND NARCOTIC INTOXICATION reaulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to requires that the death certificate be **CAUSE** (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 injury, PART ii. Other eignificant conditions contributing to death but not requiting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any HEMOPTYSIS DUE TO PNEUMONIA XX YES 2 NO Shows been of h s certificate has be th the State Dept. PHYSICIAN: WB 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) OR ATTENDING PHYSICIAN: The HOSPITAL OTHER: 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 0 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH FUU INJURY 28d. OEŞCRIBE HOW INJURY OCCUREO 28c. INJURY AT WORK? marked, this ending 1 Natural 1:35 P M 1 YES 2 NO FOUND: 1-3-94 DIRECTOR: After the hours after death vitem 28 is mark B UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide a Could not be COMPLETED 4 Homicide UNKNOWN 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h HOSPITAL 2 X MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: I 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER B untemo O.C.M.E. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dennis Chute M.D. 111 Penn Street, Baltimore, Maryland 3 TEGIST PAR'S SIGNATURE

94-0055-510 ITEMS: 23 PART I, II, 27, 28a-f, PER MEO FILM G-708 2/2/94 t.t Items 4, 7, 11,12,13,15,16a,16b,17,18,19a,19b,20a,20b,20c,21,22

1-24-94 FilmG707 W.H. Per F/H MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

94

9c. COUNTY OF CEATH

na

**IIS A** 

21202

21201

10g. CITIZEN OF WHAT COUNTRY?

Specify:

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 TYES 2 NO

Black

P. M

20c. LOCATION — City or Town, State Baltimore Approximate interval Betwe Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 NE YES 2 NO 281. LOCATION FOUND: RESIDENCE-1002 E. PRESTON STREET, BALTIMORE, MARYLAND 29d. DATE SIGNEO (Month, Day, Year) 1-4-1994 OHMH-16 Rev 1/89

